

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PETITION FOR REVIVAL OF AN APPLICATION FOR PATENT ABANDONED **Docket Number (Optional) UNINTENTIONALLY UNDER 37 CFR 1.137(b)** First named inventor: DENNIS M. DEARIE Application No.: 09661 | 361 Art Unit: RECEIVED Filed: 4-21-04 Examiner: APR 2 2 2004 Title: OWNER OFFICE OF PETITIONS Attention: Office of Petitions Mail Stop Petition Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 FAX: (703) 872-9306 NOTE: If information or assistance is needed in completing this form, please contact Petitions Information at (703) 305-9282. The above-identified application became abandoned for failure to file a timely and proper reply to a notice or action by the United States Patent and Trademark Office. The date of abandonment is the day after the expiration date of the period set for reply in the Office notice or action plus an extensions of time actually obtained. APPLICANT HEREBY PETITIONS FOR REVIVAL OF THIS APPLICATION NOTE: A grantable petition requires the following items: (1) Petition fee; (2) Reply and/or issue fee: (3) Terminal disclaimer with disclaimer fee -required for all utility and plant applications filed before June 8, 1995; and for all design applications; and (4) Statement that the entire delay was unintentional. 1. Petition fee Small entity-fee \$ 55,000 (37 CFR 1.17(m)). Applicant claims small entity status. See 37 CFR 1.27. Other than small entity - fee \$ _____(37 CFR 1.17(m)) 2. Reply and/or fee A. The reply and/or fee to the above-noted Office action in the form of has been filed previously on ___ is enclosed herewith. B. The issue fee of \$_ has been paid previously on is enclosed herewith.

[Page 1 of 2] This collection of information is required by 37 CFR 1.137. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.0 hour to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/64 (11-03)
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Mr. Douglas I. Wood Senior Petitions Attorney Office of Petitions

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APR 2 2 2004

OFFICE OF PETITIONS

Mr. Wood,

I'd like to inform you of my past medical problems that may help you understand what was going on at my house and in my life when we initially applied for a patent on our "I.V.S." (Insurance Verification System). I hurt my back on a job in Omaha in Oct. 1994. I was told by my doctor to get a desk job which I did. The back continued getting worse and in July of 2000 I was forced to quit the job. In Oct. of 2000 I woke up and had no feeling from the waist down. I was rushed to the hospital and they found my spine had an infection in it. It caused blood infection and I was "touch-n-go" for a while. After 15 days in the hospital I was released and was fitted with a shoulder bag and being fed antibiotics 24/7. After 6 months I had my first surgery. They took out 35% of L-4 and L-5, took out the disc between them, as it was also dead bone. Then he took a piece of bone from my hip and wedged it in my spine. I couldn't get out of bed for 30 days. A year or so later (Jan. 2002) I had my second back surgery. More dead bone and infection. It seemed we saw light at the end of the tunnel then bang I had to have triple by-pass in Jan. 2004. And in between all this mass confusion somehow my application was lost in the patent office. The only thing I can see is my wife should've gotten a receipt when she mailed the Jan. response. And I should've told her to make copies of what she was sending but things were going crazt not knowing if I was going to be alive or not!!!!!

Thank You For Your Time And Patience,

Dennis M. Dearie (225) 262-0561

P.S. any mistakes - PIEASE - Galf me ASAP - so of Can fix them into

April 20, 2004

Dennis M. Dearie 15431 Red Maple Place Greenwell Springs, LA. 70739 (225) 262-0561

Mr. Douglas I. Wood; Senior Petitions Attorney,

I am the sole inventor and designer of the wireless system using a barcode on an automobile's inspection sticker or windshield or glass to check for the status of insurance policies on said vehicle. The system is called "Insurance Verification System" or "IVS". My system uses a wireless barcode reader that is tied directly to our internet server. (This can also be written to use state's data terminal) We have written spec's to use our server that way in future uses other states can be tied in seamlessly.

Basics of the system are as follows: To get vehicles on system for the first time, the following guidelines/steps are (1) Application for policy is made, issuing company "logs on" to DesignScan's server, each company and employee will have their own secured "log on" number and password, 2) after "logging on" the following fields are entered Policy number, Effective and Expiration Dates, Name, Address, and Phone Number of the policy holder, Vehicle Identification Number (VIN), Year, Make, Model, and Color of the covered vehicle. Those steps take only two minutes or less to do. That information is then submitted into server and cannot be altered or changed except by the issuing company. Company then prints out temporary card to be used until inspection sticker is renewed.

When it becomes time to renew inspection sticker the station completes the process. The state shall print out new stickers with a

barcode on the bottom portion of the sticker. The station also "logs on" to the DesignScan server. Once there they will enter the VIN which will take them to the "inspection page". The inspection page displays VIN, year, make, model, and color of vehicle. They then will be able to cross reference that the correct vehicle and VIN are the same. After highlighting the barcode section the inspector will use a barcode reading pen and swipe the next sticker. Upon completion that the barcode field is correct he'll then enter the appropriate date, mileage, and license plate number. After successfully passing the inspection and filling out all fields the inspector submits information into computer. Now the vehicle is on the IVS System.

When it comes time to renew inspection sticker the owner doesn't need insurance papers. The station "logs on" to the DesignScan server, inputs the VIN and he'll be able to check if a policy is in effect for that vehicle. When a vehicle is "scanned" the reader sounds one way if there are no problems and another if that vehicle doesn't have a valid policy at the time of the scan. This saves time at check points and protects drivers who've lost or misplaced papers. It also helps law enforcement individuals from someone rummaging through the glove box late at night and pulling out a gun or something else. Plus there will be no more excuses, either you have insurance or you don't.

Herk You, New Means UNICARE UTILIZATION MANAGEMENT 2727 PACES FERRY ROAD, BLDG. 2 STE. 600 ATLANTA, GA 30339



DENNIS DEARIE 15431 RED MAPLE PL GREENWEL SPGS LA 70739 Reference No:

0200584271

Provider: Facility/Vendor:

ROBERT THURSTON BATON ROUGE GENERAL

HEALTH CENTER

Client:

UL&H LARGE GROUP 2

1

Patient:

DENNIS DEARIE

Subscriber: Admit Date:

MICHELLE DEARIE N/A

Date Created:

23-Jan-2004 18:25

Service	Date	Quantity	Code	Description
Surgical	21-Jan-2004	1 Unit(s)	33518	CABG, artery-vein, two

Review Outcome:

Certification

Place of service:

Hospital - Additional IP Procedure

The requested services have been certified as listed above based on medical necessity. The healthcare provider listed above is a network provider. The healthcare facility/vendor listed above is not a network facility/vendor. Using a non-network facility/vendor may result in reduced benefits and/or higher out-of-pocket expenses. For information regarding network facilities/vendors, please contact us at the toll-free number listed below. This determination is valid for 90 days from the Service Date listed above. If the Services Date changes, please contact us at the toll-free telephone number listed below. This determination is a recommendation regarding the medical necessity of the services listed above. The decision regarding what treatment is best remains with the patient and the healthcare provider.

This letter and the associated review, do not guarantee claims payment. No benefit determination has been made at this time. Payment of benefits could be limited or denied if the information submitted with claims differs from that given by telephone, and is subject to all policy exclusions, limitations, waivers, pre-existing conditions and coverage eligibility when the services listed above are provided.

For questions regarding this letter please contact:

Name:

UNICARE UTILIZATION MANAGEMENT

Toll-Free Telephone:

(800) 762-4534 X2106

Facsimile:

(770) 805-6218

Address:

2727 PACES FERRY ROAD, BLDG. 2

STE. 600

ATLANTA, GA 30339

Sincerely, Care Manager

BATON ROUGE RADILLOGY GROUP, II **8490 PICA BATON RO** (225) 769-6

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Signature			Exp. Date					
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442263	03/01/2004	\$138.00						

ADDRESSEE

DENNIS DEARIE 15431 REDMAPLE PLACE **GREENWELL SPRIN, LA 70739**

REMIT TO

BATON ROUGE RADIOLOGY GROUP, INC PO BOX 14530 **BATON ROUGE, LA 70898**

030109060000442263000002154500000138007

Detach and return top portion to ensure proper credit - Retain bottom portion for major medical and tax purposes ACCOUNT DETAIL (Patient resp. is calculated as of statement date)

ACCOUNT Account#: 4422	DETAIL (Patient resp. is calculated as of statement date)		Respon	riibility	
Date	Description Assessment and Assessment	Charge 1	linsurance	Pattent	Balance
01/19/2004	01: DEARIE, DENNIS 71020: CHEST 2 VIEWS; AP/PA + LATERAL (DE LA BRETONNE, M.D.) at BRGMC - BLUEBONNET	37.00		37.00	37.00
02/03/2004	\$37.00 claim Filed with primary insurance UNICARE LIFE + HEALTH INSURANCE				
21/2004	71010: CHEST SINGLE VIEW; AP/PA (ALLEVA, M.D.) at BRGMC - BLUEBONNET	32.00		32.00	69.00
02/05/2004	\$32.00 claim Filed with primary insurance UNICARE LIFE + HEALTH INSURANCE				
01/21/2004	71010: CHEST SINGLE VIEW; AP/PA (TSAI, M.D.) at BRGMC - BLUEBONNET	32.00		32.00	101.00
02/05/2004	\$32.00 claim Filed with primary insurance UNICARE LIFE + HEALTH INSURANCE				
01/24/2004	71020: CHEST 2 VIEWS; AP/PA + LATERAL (ALEXANDER, M.D.) at BRGMC - BLUEBONNET	37.00		37.00	138.00
02/09/2004	\$37.00 claim Filed with primary insurance UNICARE LIFE + HEALTH INSURANCE				
	NOTES				
	NOTICE: THIS IS A BILL. BASED UPON INFORMATION FROM YOUR HEALTH PLAN, YOU OWE THE AMOUNT SHOWN.				138.00
	3/30 -				
	3/30 - don't see claim filed on website				
	on website				
NILTH CHAN				6.506	Se \$120.00

Current 30-60 4- 4660-90 90-120 \$138.00 \$0.00 \$0.00 \$0.00 \$0.00

Please Pay This Amount: \$138.00

Regardless of insurance coverage you are responsible for payment of this account. If you have any question regarding this statement, please call the main office.

2.0. BOX 54376



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Page No.

Type of Bill Date of Bill Date of Prev. Bill FINAL 01/28/04 INP.

EW ORLEANS, LA 225 819-1000 FEI # 721025017

S T Petient Name	Patient Number	Sex	Age	Admission	Discharge	Days	
DEARIE , DENNIS	43365725	М	48	01/21/04	01/25/04	4	

Guarantor Name and Address	COB	Insurance Company Name	Group No.	Policy Number
DENNIS DEARIE 15431 RED MAPLE PLACE GREENWELL SPRINGS LA 70739	1	AMLIFECARE/PPO *A		435114921
		THURSTON R SCOTT		

			7e in	isurs Proper Credit,	Return Top Portion \	Mith Your Remitter	nce		
Date of Posting		scription of ital Services	Service Code	Total Charges	Est. Coverage Ins. Co. No. 1	Est. Coverage Ins. Co. No. 2	Est. Coverage Ins. Co. No. 3	Est. Coverage Ins. Co. No. 4	Patient Amount
DETA	IL OF CU	RRENT CHARG	ES, PAY	MENTS AND	ADJUSTMEN	TS			
01/21	215PRE	OP SDS TIM	3201080					-38-	
11/21	016MAJ0	R IV SURGE	3210435	9544.00	9544.00				
01/21	1		3260075	975.00	975.00				
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01/21	002SUTU	RE O-FLEXO	3260099	180.00	180.00				
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and correspondence.

for any charges not posted when this bill was prepared.

Conditional endorsements or statements such as "Payment in Full" on check remittance will not be recognized as an "egreement-in-compromise" unless agreed to in writing by the Health Center.

Type of Bill Date of Bill Date of Prev. Bill FINAL 01/28/04

INP.

P.O. BOX 54376 EW ORLEANS, LA 225 819-1000 FEI # 721025017

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Page No.

S T Patient Name	Patient Number	Sex	Age	Admission	Discharge	Deye	
DEARIE , DENNIS	43365725	М	48	01/21/04	01/25/04	4	

Guerentor Neme and Address	C08	Insurance Company Name	Group No.	Policy Number
DENNIS DEARIE 15431 RED MAPLE PLACE GREENWELL SPRINGS LA 70739	1	AMLIFECARE/PPO *A		435114921
		THURSTON R SCOTT		

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R.O. BOX 54376 Date of EW ORLEANS, LA Prev. Bill 225 819-1000 FEI # 721025017

Type of

Bill

FINAL

INP.

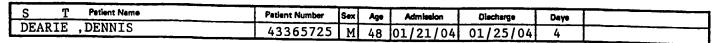
Date of Bill

01/28/04



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Page No.



Guarantor Name and Address	508	Insurance Company Name	Group No.	Policy Number		
DENNIS DEARIE 15431 RED MAPLE PLACE GREENWELL SPRINGS LA 70739	1	AMLIFECARE/PPO *A		435114921		
		THURSTON R SCOTT	SCOTT			

Date of Posting	Description of Hospital Services	Service Code	Total Charges	Est. Coverage Ins. Co. No. 1	Est. Coverage Ins. Co. No. 2	Est. Coverage Ins. Co. No. 3	Est. Coverage Ins. Co. No. 4	Petient Amount
01/21	001POTASSIUM	4050658	37.00	37.00				
01/21	001POTASSIUM	4050658	37.00	37.00				
01/21	001SODIUM; BLOOD	4050662	38.00	38.00				
01/21	001CK; TOTAL	4050749	68.00	68.00				
01/21	001MAGNESIUM	4050753	42.00	42.00				
01/21	001HEMOGLOBIN	4080465	30.50	30.50			i '	
01/21	001HEMOGLOBIN	4080465	30.50	30.50				
01/21	001CBC WITH DIFFE	4080593	68.00	68.00				
01/21	001HEMATOCRIT (HC	4080598	30.50	30.50				
01/21	001HEMATOCRIT (HC	4080598	30.50	30.50				
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01/21	001ANTICOAGULANT	2740089	88.75	88.75		BE RESI	ONSIBL	-
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01/21	001GABAPENTIN	3301005	5.00	5.00				
01/21		3301380	.50	.50				
01/21	001ASPIRIN	3301526	.50	.50				
01/21	002ACETAMINOPHEN	3301755	1.00	1.00				
01/21		3302649	1.00	1.00				
01/21		3307535	52.50	52.50				
01/21	002BISACODYL	3369034	1.00	1.00				
01/21		3500007	311.50	311.50				
01/21		100000000000000000000000000000000000000	28.00	28.00				
01/21		3500041						
01/21		3500156	765.00	765.00				
01/21		3500176	10.00	10.00				
01/21	001TRACH TIES	3500234	4.75	4.75				
01/21	003PULSE OXIMETRY	3500608	406.50	406.50				
Patient	Number Please refer to patient		Addit	lonel patient billing	may be secretary	(44444444444		

number in all inquiries and correspondence.

for any charges not posted when this bill was prepared.

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		THURSTON R SCOTT		

		Tair	teure Proper Credit,	Return Top Portion	With Your Remitter	vea.		
Date of Posting	Description of Hospital Services	Service Code	Total Charges	Est. Coverage Ins. Co. No. 1	Est. Coverage Ins. Co. No. 2	Est. Coverage Ins. Co. No. 3	Est. Coverage Ins. Co. No. 4	Petient Amount
01/21	001MEPERIDINE HCL	3326641	3.75	3.75				
01/21	001MEPERIDINE HCL	3326641	3.75	3.75				
01/21	001MEPERIDINE HCL	3326641	3.75	3.75				
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01/21	002POTASSIUM CHLO	3326682	6.50	6,50				
01/21	002MAGNESIUM SULF	3326951	4.00	4.00				
01/21		3326951	4.00	4.00				
01/21		3326951	4.00-	4.00-	·			
01/21	001SUFENTANIL CIT	3327332	57.30	57.30				
01/21	001SUFENTANIL CIT	3327332	57.30	57.30		NOTI	CE:	
01/21		3327366	51.60	51.60	THIS		1	
01/21	001THIOPENTAL SOD	3327378	11.15	11.15	1111313	NOT A BIL	L. DO NO	TDAY
01/21	· · · · · · · · · · · · · · · · · · ·	3327407	16.85	16.85		DETERMIN OR A POR	ED THAT	FAT.
01/21	002DEXMEDETOMIDIN	3327938	292.80	292.80	PERVICE	ORAPOR	TIONOS	LIHIS
01/21		3328027	23.25	23.25	SERVIC	ES IS NOT	PAVADA	HESE
01/21	002CEFAZOLIN SODI	3328035	19.70	19.70	YOUR H	Al TH DI	LAIABL	EBY
01/21		9100001	1370.00	1370.00		ALTH PL RESPON		WILL
01/22	001TEGADERM 2 X 3	3260206	3.75	3.75		Lucaron	SIBLE.	
01/22	001VASELINE GAUZE	3260664	6.75	6.75				l
01/22		3400232	20.95	20.95				
01/22		3400232	20.95-	20.95-				
01/22	•	4040298	163.75	163.75			·	
01/22		4050277	164.75	164.75				
01/22	•	4050749	68.00	68.00				
01/22	001MAGNESIUM	4050753	42.00	42.00			į	
01/22	001CBC WITH DIFFE	4080593	68.00	68.00				
01/22	001EXERCISE-MONIT	2650001						
01/22		3301005	5.00	5.00 \$	> Neuronitin			
01/22	· · - · · - · · · - · · · · · · · · · ·	3301005	5.00	5.00	1	ľ		
01/22		3301380	2.00	2.00~	Surfax			
01/22		3301380	.50	.50	V DU PAK			
01/22		3301934	6.00	5.00 -				
01/22		3301934	4:.00	4.00	PBumex			
01/22	001FUROSEMIDE	3301934	2.00	2.00				
Petient	Number Please refer to patient number in all inquiries		Addit	ionel petient billing r	nay be necessary			1 2 2 2 2 2
	end correspondence.			y charges not posts repared.	a when this bill			

Type of Bill Date of Bill Prev. Bill 225
FINAL 01/28/04

P.O. BOX 54376 EW ORLEANS, LA 225 819-1000 FEI # 721025017



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INP.

S T Petient Name	Patient Number	Sex	Age	Admission	Discharge	Daye	
DEARIE , DENNIS	43365725	М	48	01/21/04	01/25/04	4	

Guarantor Name and Address	C08	Insurance Company Name	Group No.	Policy Number
DENNIS DEARIE 15431 RED MAPLE PLACE GREENWELL SPRINGS LA 70739	1	AMLIFECARE/PPO *A		435114921
		THURSTON R SCOTT		

		Toin	sure Proper Credit,	Return Top Portion (Mith Your Remitte	nce		
Date of Posting	Description of Hospital Services	Service Code	Total Charges	Est. Coverage Ins. Co. No. 1	Est. Coverage fns. Co. No. 2	Est. Coverage Ins. Co. No. 3	Est. Coverage Ins. Co. No. 4	Patient Amount
01/22	004EC ASPIRIN	3302649	2.00	2.00				
		3302649	1.00	1.00				
		3303411	2.10	2.10	Bodolen			
200000000000000000000000000000000000000	006POTASSIUM CHLO	0.0000000000000000000000000000000000000	12.00	12.00	- 0 1	T		
01/22		3303449	8.00	8.00			Ì	
150000000000000000000000000000000000000		3303449	4.00	4.00				
01/22	016MIRTAZAPINE	3307564	132.80	132.80_	lemeron			
01/22	002MIRTAZAPINE	3307566	17.10	17.10 (WI WOO	T No	TICE:	
0.0000000000000000000000000000000000000		3500007	155.75	155.75			1	
		3500212	65.50	65.50	THIS	IS NOT A	BILL DO	NOT PAY.
		3500608	135.50	135.50		100 100 100 100 100 and 100 an	MINERT	
		3326641	.3.75	3.75	SERV	CEORAG	ODTION	HALTHIS OF THESE
01/22		3326641	3.75	3.75	SER	VICECIE	OKTION	PFTHESE
01/22		3326641	3.75	3.75	YOU	VICES IS	YOT PAY	BLEBY
100000000000000000000000000000000000000		3326643	3.15	3.15	1001	HEALTH	PLAN, Y	OU WILL
		3326643	3.15	3.15		BE RES	PONSIBL	E.
01/22		3326643	3.15	3.15				
01/22		3326643	3.15	3,15				
01/22		3326951	4.00	4.00				
01/22		3326951	4.00-	4.00-				
01/22		1,410,400,600,000,600,600,000	6.70	6.70				
01/22	001ROOM 4406	9050001	740.00	740.00				
01/23	001NS	3400232	20.95	20.95				
01/23	001NS	3400232	20.95	20.95				
01/23		3400232	20.95	20.95				
01/23		4040744	109.00	109.00				
01/23		4050277	164.75	164.75				
01/23	001MAGNESIUM	4050753	42.00	42.00				
01/23		4080593	68.00	68.00				
01/23		2650001						
01/23		2650001						
01/23		2650001						
01/23		3301380	2.00	2.00	SUFAL	1		[
01/23	003FENOFIBRATE	3307841	23.10	23.10	Tricor	סמדן		
Patient I	Number Please refer to patient		A 441a	lonal patient billing r				

Please refer to patient number in all inquiries and correspondence.

Additional patient billing may be necessar for any charges not poeted when this bill was prepared.

Conditional endorsements or statements such as "Payment in Full" on check remittance will not be recognized as an "agreement-in-compromise" unless agreed to in writing by the Health Center.

2.0. BOX 54376 Type of Bill Date of Bill Date of EW ORLEANS, LA Prev. Bill 225 819-1000 FINAL 01/28/04 FEI # 721025017 INP.

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S T Petient Name	Petient Number	Sex	Age	Admission	Discharge	Daye	
DEARIE , DENNIS	43365725	М	48	01/21/04	01/25/04	4	

Guarantor Name and Address	COB	Insurance Company Name	Group No.	Policy Number
DENNIS DEARIE 15431 RED MAPLE PLACE GREENWELL SPRINGS LA 70739	1	AMLIFECARE/PPO *A		435114921
		THURSTON R SCOTT		

Date of Posting	Description of Hospital Services	Service Code	Total Charges	Est. Coverage Ins. Co. No. 1	Est. Coverage Ins. Co. No. 2	Est. Coverage Ins. Co. No. 3	Est. Coverage Ins. Co. No. 4	Petient Amount
01/23		3500007	311.50	311.50	·			
01/23	001PULSE OXIMETER	3500014	22.00	22.00				
01/23			14.25	14.25				
01/23	001MEPERIDINE HCL	3326641	3.75	3.75				
01/23	001MEPERIDINE HCL	3326641	3.75	3.75]	
01/23	001MEPERIDINE HCL	3326643	3.15	3.15			1	
01/23	001MEPERIDINE HCL	3326643	3.15	3.15				
01/23	001MEPERIDINE HCL	3326643	3.15	3.15				
01/23	002MAGNESIUM SULF	3326951	4.00	4.00			l	
01/23	002MAGNESIUM SULF	3326951	4.00	4.00				
01/23	001R00M 4406	9050001	740.00	740.00				
01/24	001NS	3400232	20.95	20.95				
01/24	001NS	3400232	20.95	20.95		NOTIC	E:	
01/24	001LIPID PANEL	4050032	97.25	97.25				
01/24		5010115	178.50	178.50	THIS IS N	OT A BILL	. DO NO	T PAY.
01/24	001EXERCISE-MONIT	2650001				ETERMIN		
01/24	001EXERCISE-MONIT	2650001	·			ORAPOR		
01/24	0010XYGEN THERAPY		155.75	155.75		ES IS NOT		
01/24	002PULSE OXIMETER	3500014	44.00	44.00				
01/24	001MEPERIDINE HCL	3326641	3.75	3.75		EALTH PL		MILL
01/24		3326643	3.15	3.15	В	E RESPO	ASIBLE.	
01/24		3326643	3.15	3.15			-	
01/24	001MEPERIDINE HCL	3326643	3.15	3.15				
01/24		3326951	4.00	4.00				
01/24		3326951	4.00	4.00				1
01/24	•	9050001	740.00	740.00				
01/25		3260206	3.75	3.75				
01/25		3400232	20.95-	20.95-				
01/25		3400232	20.95-	20.95-				
01/25		3400232	20.95-	20.95-				
01/25		3400232	20.95-	20.95-				
01/25		3400232	20.95-	20.95-				
01/25		3400234	15.55	15.55				
01/25	001BASIC METABOLI	4050277	164.75	164.75				
	Number Please refer to patient							

number in all inquiries and correspondence.

for any charges not posted when this bill was prepared.

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Date of Bill Date of Prev. Bill

P.O. BOX 54376 EW ORLEANS, LA 225 819-1000



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Page No.

Type of Bill FINAL 01/28/04 INP.

FEI # 721025017

S T Petient Name	Patient Number	Sex	Age	Admission	Discharge	Daye	
DEARIE , DENNIS	43365725	М	48	01/21/04	01/25/04	4	

Guerantor Name and Address	C08	Insurance Company Name	Group No.	Policy Number
DENNIS DEARIE 15431 RED MAPLE PLACE GREENWELL SPRINGS LA 70739	1	AMLIFECARE/PPO *A		435114921
		THURSTON R SCOTT	<u> </u>	

Date of Posting 01/25	Description of Hospital Services	Service	Total		T			
		Code	Charges	Est. Coverage Ins. Co. No. 1	Est. Coverage Ins. Co. No. 2	Est. Coverage Ins. Co. No. 3	Est. Coverage Ins. Co. No. 4	Petient Amount
AS LOC	001MAGNESIUM	4050753	42.00	42.00	-7			
01/25		4080593	68.00	68.00	_			
01/25		3307841	7.70-	7.70-				
01/25	·· · · · · · · · · · · · · · · · · · ·	3326643	3.15	3.15				
01/25		3326643	3.15	3.15		1		
01/25		3326682	3.25-	3.25-				
01/25		3326682	3.25-	3.25-			į	
01/25		3326914	4.30	4.30				
		3326914	4.30-	4.30-			Í	
01/25	· 	3326951	4.00-	4.00-				
01/25		3326951	4.00-	4.00-				
01/25	002MAGNESIUM SULF	3326951	.4.00-	4.00-				
					SERVICE SERVIC YOUR H	NOTABIL NOTABIL DETERMII ORAPOR ES IS NOTE EALTH PL E RESPOI	L. DO NO ED THA TION OF PAYABL	THIS
	TALS		34818.85	34818.85				
	Number Please refer to patient number in all inquiries and correspondence		Addit	lonel petient billing r ry charges not posts	nay be necessary			

BATON ROUGE GENERAL MEDICAL CENTER HA9 NEW ORLEANS, LA

Conditional endorsements or statements such as "Payment in Full" on check remittance will not be recognized as an "egreement-in-compromise" unless agreed to in writing by the Heelth Center.

Date of Bill Date of Prev. Bill 01/28/04

Type of Bill

FINAL

INP.

P.O. BOX 54376 NEW ORLEANS, LA 225 819-1000 FEI # 721025017

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 S
 T
 Petient Name
 Petient Number
 Sex
 Age
 Admission
 Discharge
 Days

 DEARIE
 , DENNIS
 43365725
 M
 48
 01/21/04
 01/25/04
 4

Guerantor Name and Address	COB	Insurance Company Name	Group No.	Policy Number
DENNIS DEARIE 15431 RED MAPLE PLACE GREENWELL SPRINGS LA 70739	1	AMLIFECARE/PPO *A		435114921
		THURSTON R SCOTT		

		Tair	teurs Proper Credit;	Return Top Portion (Mth Your Remitter	tca		
Date of Posting	Description of Hospital Services	Service Code	Total Charges	Est. Coverage Ins. Co. No. 1	Est. Coverage Inc. Co. No. 2	Est. Coverage Ins. Co. No. 3	Est. Coverage Ins. Co. No. 4	Patient Amount
SUMM	ARY OF CHARGES							
R&C	INTENSI 1DAYS@ 13	70.00	1370.00	1370.00				
R&C	FELEMET 3DAYS@ 7	40.00	2220.00	2220.00				
	OPERATING ROOM		9544.00	9544.00				
	SURGICAL SUPPLIE	S	9651.00	9651.00	!		ĺ	
	ANESTHESIA SUPPL	Y	1452.00	1452.00			[
	LAB		2080.65	2080.65				
	PHARMACY		902.35	902.35				
	MEDICAL SUPPLIES		2588.50	2588.50				
	IV SUPPLIES		39.00	39.00				
	IV SOLUTIONS		651.85	651.85				
	X-RAY		329.75	329.75				
	RESPIRATORY THER	AP	2430.00	2430.00				
	HEART LAB		1559.75	1559.75				
SUB-	FOTAL OF CHARGES		34818.85	34818.85				
		•	·		SERVICE SERVICE YOUR H	NOT A BII DETERMI OR A POI ES IS NO EALTH PL E RESPO	L. DO NO NED THA RTION OF I PAYABI	T THIS THESE
	ALL INSURANCE E	ENEFITS	ARE ASSI	GNED	8	E RESPO	NSIBI E	AAIEE
	TO THE HEALTH O						-VIDLE.	
	***PATIENTS ARE	REMIND	ED TO KEE	PA				
	COPY OF THIS ST							
	RECORDS***							
			} :	1				
							l	1
	OTALS		34818.85	34818.85				
	Please refer to patient number in all inquiries			tional patient billing n				4
433	865725 and correspondence.		Was	ny charges not posts prepared.	E WHEN THE OIL			

BATON ROUGE GENERAL MEDICAL CENTER HA9 NEW ORLEANS, LA

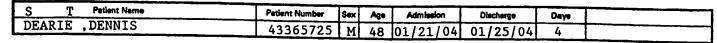
Conditional endorsements or statements such as "Payment in Full" on check remittance will not be recognized as an "agreement-in-compromise" unless agreed to in writing by the Health Center.

Type of Bill Date of Bill Date of Prev. Bill FINAL 01/28/04 INP.

P.O. BOX 54376 EW ORLEANS, LA 225 819-1000 FEI # 721025017



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Guarantor Name and Address	СОВ	Insurance Company Name	Group No.	Policy Number
DENNIS DEARIE 15431 RED MAPLE PLACE GREENWELL SPRINGS LA 70739	1	AMLIFECARE/PPO *A		435114921
		THURSTON R SCOTT		

DIAGNOSIS AND PROCEDURES: ADMITTING DIAGNOSIS: 414.01 COR AS MATIVE VESSEL DISCHARGE/FINAL DIAGNOSIS: 414.01 *COR AS MATIVE VESSEL 401.9 HYPERTENSION NOS 272.4 HYPERLIPIDEMIA NEC & NDS 564.00 CONSTIPATION NOS V17.4 FAMILY HX CV DISEASE NEC SURGICAL PROCEDURES: 36.12 *AO-COR BYPASS-2 COR ARF 01/21/04 7989 36.15 1 INT MAM-COR ART BYPASS 01/21/04 7989 89.64 PA WEDGE MONITORING 01/21/04 7989 89.64 PA WEDGE MONITORING 01/21/04 7989 99.00 PERIOF AUTLOG TRANSFUS 01/21/04 7989 PHYSICIAN: OPERATING: OPERATING: OO7989 THURSTON R SCOTT 07588R ALTERNATE CARE: DISCHARGE DESTINATION: ATW NOTICE: THIS IS NOT A BILL. DO NOT PAY. IF IT IS DETERMINED THAT THIS SERVICE OR A PORTION OF THESE SERVICE OR A PORTION OF THESE SERVICE OR A PORTION OF THESE SERVICES IS NOT PAYABLE BY	Patient Amount
ADMITTING DIAGNOSIS: 414.01 COR AS-NATIVE VESSEL DISCHARGE/FINAL DIAGNOSIS: 414.01 *COR AS-NATIVE VESSEL 401.9 HYPERIENSION NOS 272.4 HYPERLIPIDEMIA NEC & NOS 564.00 CONSTIPATION NOS V17.4 FAMILY HX CV DISEASE NEC SURGICAL PROCEDURES: 36.12 *AO-COR BYPASS-2 COR ARF 01/21/04 7989 36.15 1 INT MAM-COR ART BYPASS 01/21/04 7989 89.64 PA WEDGE MONITORING 01/21/04 7989 89.64 PA WEDGE MONITORING 01/21/04 7989 99.00 PERIOF AUTLOG TRANSFUS 01/21/04 7989 PHYSICIAN: OPERATING: 007989 THURSTON R SCOTT 07588R ALTERNATE CARE: DISCHARGE DESTINATION: ATW NOTICE: THIS IS NOT A BILL DO NOT PAY. IF IT IS DETERMINED THAT THIS SERVICE OR A PORTION OF THESE SERVICE S IS NOT A BARY IT THESE SERVICE OR A PORTION OF THESE	
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### A14.01 COR AS-NATIVE DISCHARGE/FINAL DIAGNOSIS: ### A14.01 *COR AS-NATIVE VESSEL ### A01.9 HYPERTENSION NOS ### 272.4 HYPERLIPIDEMIA NEC & NOS ### 564.00 CONSTIPATION NOS ### VI7.4 FAMILY HX CV DISEASE NEC ### SURGICAL PROCEDURES: ### 36.12 *A0-COR BYPASS-2 COR ARF 01/21/04 7989 ### 36.15 1 INT MAM-COR ART BYPASS 01/21/04 7989 ### 89.64 PA WEDGE MONITORING 01/21/04 7989 ### 38.91 ARTERIAL CATHETERIZATION 01/21/04 7989 ### 99.00 PERIOP AUTLOG TRANSFUS 01/21/04 7989 ### O1/21/04 7989 ### PHYSICIAN: ### OPERATING: ### O07989 THURSTON R SCOTT 07588E ### ALTERNATE CARE: ### DISCHARGE DESTINATION: ### ATW NOTICE: ### THIS IS NOT A BILL. DO NOT PAY. ### IF IT IS DETERMINED THAT THIS SERVICE CR A PORTION OF THESE ### SERVICE CR A PORTION OF THESE ### SERVICE CR A PORTION OF THESE	
DISCHARGE/FINAL DIAGNOSIS: 414.01 *COR AS-NATIVE VESSEL 401.9 HYPERTENSION NOS 272.4 HYPERLIPIDEMIA NEC & NDS 564.00 CONSTIPATION NOS V17.4 FAMILY HX CV DISEASE NEC SURGICAL PROCEDURES: 36.12 *AO-COR BYPASS-2 COR AR F 01/21/04 7989 36.15 1 INT MAM-GOR ART BYPASS 01/21/04 7989 89.64 PA WEDGE MONITORING 01/21/04 7559 38.91 ARTERIAL CATHETERIZATION 01/21/04 7989 99.00 PERIOF AUTLOG TRANSFUS 01/21/04 7989 PHYSICIAN: OPERATING: OPERATING: OO7989 THURSTON R SCOTT 07588R ALTERNATE CARE: DISCHARGE DESTINATION: ATW NOTICE: THIS IS NOT A BILL. DO NOT PAY. IF IT IS DETERMINED THAT THIS SERVICE CR A PORTION OF THESE SERVICE CR A PORTION OF THESE	
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272.4 HYPERLIPIDEMIA NEC & NDS 564.00 CONSTIPATION NOS V17.4 FAMILY HX CV DISEASE NEC SURGICAL PROCEDURES: 36.12 *AO-COR BYPASS-2 COR ART 01/21/04 7989 36.15 1 INT MAM-COR ART BYPASS 01/21/04 7989 89.64 PA WEDGE MONITORING 01/21/04 7559 38.91 ARTERIAL CATHETERIZATION 01/21/04 7989 99.00 PERIOP AUTLOG TRANSFUS 01/21/04 7989 PHYSICIAN: OPERATING: O07989 THURSTON R SCOTT 07588R ALTERNATE CARE: DISCHARGE DESTINATION: ATW NOTICE: THIS IS NOT A BILL. DO NOT PAY. IF IT IS DETERMINED THAT THIS SERVICE OR A PORTION OF THESE SERVICES IS NOT BAYANGE.	
564.00 CONSTIPATION NOS V17.4 FAMILY HX CV SJRGICAL PROCEDURES: 36.12 *AO-COR BYPASS -2 COR ARF 01/21/04 7989 36.15 1 INT MAM-COR ART BYPASS 01/21/04 7989 89.64 PA WEDGE MONITORING 01/21/04 7559 38.91 ARTERIAL CATHETERIZATION 01/21/04 7989 99.00 PERIOP AUTLOG TRANSFUS 01/21/04 7989 PHYSICIAN: OPERATING: O7588E ALTERNATE CARE: DISCHARGE DESTINATION: ATW NOTICE: THIS IS NOT A BILL. DO NOT PAY. IF IT IS DETERMINED THAT THIS SERVICE OR A PORTION DETERMINED THAT THIS SERVICE OR A PORTION DETERMINED THESE SERVICES IS NOT BAYARD.	
V17.4 FAMILY HX CV DISEASE NEC SURGICAL PROCEDURES: 36.12 *AO-COR BYPASS -2 COR ART 01/21/04 7989 36.15 1 INT MAM-COR ART BYPASS 01/21/04 7989 89.64 PA WEDGE MONITORING 01/21/04 7559 38.91 ARTERIAL CATHETERIZATION 01/21/04 7989 99.00 PERIOP AUTLOG TRANSFUS 01/21/04 7989 PHYSICIAN: OPERATING: O07989 THURSTON R SCOTT 07588R ALTERNATE CARE: DISCHARGE DESTINATION: ATW NOTICE: THIS IS NOT A BILL. DO NOT PAY. IF IT IS DETERMINED THAT THIS SERVICE OR A PORTION OF THESE SERVICES IS NOT BAYANGE.	
SURGICAL PROCEDURES: 36.12 *AO-COR BYPASS-2 COR AR F 01/21/04 7989 36.15 1 INT MAM-COR ART BYPASS 01/21/04 7989 89.64 PA WEDGE MONITORING 01/21/04 7559 38.91 ARTERIAL CATHETERIZATION 01/21/04 7989 99.00 PERIOP AUTLOG TRANSFUS 01/21/04 7989 PHYSICIAN: OPERATING: OPERATING: OTHER CARE: DISCHARGE DESTINATION: ATW NOTICE: THIS IS NOT A BILL. DO NOT PAY. IF IT IS DETERMINED THAT THIS SERVICE OR A PORTION OF THESE SERVICES IS NOT ABOVED.	
36.12 *AO-COR BYPASS - 2 COR ART 01/21/04 7989 36.15 1 INT MAM-COR ART BYPASS 01/21/04 7989 01/21/04 7559 01/21/04 798	
36.15 1 INT MAM-COR ART BYPASS 01/21/04 7989 89.64 PA WEDGE MONITORING 01/21/04 7559 38.91 ARTERIAL CATHETERIZATION 01/21/04 7989 99.00 PERIOP AUTLOG TRANSFUS 01/21/04 7989 PHYSICIAN: OPERATING: 007989 THURSTON R. SCOTT 07588F ALTERNATE CARE: DISCHARGE DESTINATION: ATW NOTICE: THIS IS NOT A BILL. DO NOT PAY. IF IT IS DETERMINED THAT THIS SERVICE OR A PORTION OF THESE SERVICES IS NOT BAYAST.	
89.64 PA WEDGE MONITORING 38.91 ARTERIAL CATHETERIZATION 99.00 PERIOP AUTLOG TRANSFUS PHYSICIAN: 0 PERATING: 007989 THURSTON R SCOTT 07588R ALTERNATE CARE: DISCHARGE DESTINATION: ATW NOTICE: THIS IS NOT A BILL. DO NOT PAY. IF IT IS DETERMINED THAT THIS SERVICE OR A PORTION OF THESE SERVICES IS NOT BASES.	
38.91 ARTERIAL CATHETERIZATION 01/21/04 7989 99.00 PERIOP AUTLOG TRANSFUS 01/21/04 7989 PHYSICIAN: 0PERATING: 007989 THURSTON R SCOTT 07588E DISCHARGE DESTINATION: ATW NOTICE: THIS IS NOT A BILL. DO NOT PAY. IF IT IS DETERMINED THAT THIS SERVICE OR A PORTION OF THESE SERVICES IS NOT BAYARD.	
99.00 PERIOP AUTLOG TRANSFUS PHYSICIAN: OPERATING: O07989 THURSTON R SCOTT ALTERNATE CARE: DISCHARGE DESTINATION: ATW NOTICE: THIS IS NOT A BILL. DO NOT PAY. IF IT IS DETERMINED THAT THIS SERVICE OR A PORTION OF THESE SERVICES IS NOT BAYOFF.	
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was prepared.

Conditional endorsements or statements such as "Payment in Full" on check remittance will not be recognized as an "agreement-in-compromise" unless agreed to in writing by the Health Center.

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Type of Bill Date of Bill Date of Prev. Bill FINAL 01/28/04 INP.

BATON ROUGE GENERAL MEDICAL CENTER HA9

P.O. BOX 54376

EW ORLEANS, LA

225 819-1000

FEI # 721025017



Page No. 10

S T Petient Name	Patient Number	Sex	Age	Admission	Discharge	Days	
DEARIE , DENNIS	43365725	М	48	01/21/04	01/25/04	4	

Guarentor Name and Address	COB	Insurance Company Name	Group No.	Policy Number
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		THURSTON R SCOTT		

		To Insu	ire Proper Credit,	Return Top Portion	With Your Remitte	nce .		
Date of Posting	Description of Hospital Services	Service Code	Total Charges	Est. Coverage Ins. Co. No. 1	Est. Coverage Ins. Co. No. 2	Est. Coverage Ins. Co. No. 3	Est. Coverage Ins. Co. No. 4	Patient Amount
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Conditional endorsements or statements such as "Payment in Fuli" on check remittance will not be recognized as an "agreement-in-compromise" unless agreed to in writing by the Health Center.

Type of Bill Date of Bill Date of Prev. Bill 225 819-1000 FEI # 721025017



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Guarantor Name and Address	СОВ	Insurance Company Name	Group No.	Policy Number
DENNIS DEARIE 15431 RED MAPLE PLACE GREENWELL SPRINGS LA 70739	1	AMLIFECARE/PPO *A		435114921
		THURSTON R SCOTT		

Page 18	_					With Your Remitte		[0.000 (.0000000000000000000000000000000
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Conditional endorsements or statements such as "Payment in Full" on check remittance will not be recognized as an "agreement-in-compromise" unless agreed to in writing by the Health Center.

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+* PEPRINT ** - KSA
HOSPITAL RVICES

P.O. Box 14790 • Balon houge • LA 70898-479

Patient's Name

Account Number

Admission

Discharge

Billing Date

DEARIE', DENNIS M

015838070-0304 I

10/30/00

11/14/00

06/05/01

PLEASE REFER TO PATIENT'S NAME AND ACCOUNT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE

FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

PHONE 225/765-8872

BILTO
DENNIS M DEARIE
15431 RED MAPLE PL
GREENWELL SPRINGS LA 70739-3530

FEDERAL I.D. 72-0423651

Hospital Has Private Rooms Only

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COMPENSATION

C07

Patient's Name DEARIE, DENNIS	M Q16838070-0304	Bill Date Page No. O6/05/015 M \u00f31	INSURANCE PORTION IS CON ACCORDING TO THE INFOR SUPPLIED BY YOUR INSURANCE C	IPUTED MATION ARRIER
POSTING DATE REF NBR	DESCRIPTION SUMMARY OF CHARGES	TOTAL AMOUNT	INSURANCE PATIENT PORTION PORTIO	
	ROOM CHARGES			
001	PRIVATE 15 DAYS AT 390.00	5,850.00	5,850.00	
	TOTAL OF ROOM CHAR	GES 5,850.00	5,850.00	
	ANCILLARY CHARGES			
024	PHARMACY-SPECIAL	145.00	145.00	
025	PHARMACY	8,237.89		
926	IV THERAPY/SUPPLIES	64.00	•	
027	CENTRAL SUPPLIES		3.120.90	
030	LABORATURY		2,578.75	
032	X-RAY SERVICES		6,959.00	
035	CT SCAN		2,080.00	
035	O.R. SERVICES	1,113.25	1,113.25	
042	PHYSICAL MEDICINE	172.00	172.00	
066	CARDIOLUGY SERVICES	238.00		
	RECOVERY ROOM		225.00	
	OTHER IMPRAPUTIC SERVICES			
397	LA MANDATED SERVICE CHARGE	30.00	30.00	
	TOTAL OF ALL OTHER CHARG	GES 25,071.79	25,071.79	
	ACCOUNT ADJUSTME	NTS 30.00-		30.00-



** AEPRINT ** - KSA HOSPITAL RVICES

Patient's Name

Account Number

016838070-0304 I 10/3

Discharge

Billing Date 06/05/01

DEARIE, DENNIS M

PLEASE REFER TO PATIENT'S NAME AND ACCOUNT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE FOR SILLING INFORMATION CALL

BUSINESS OFFICE (EL)

PHONE 225/765-8872

BILL TO

DENNIS M DEARIE 15431 RED MAPLE PL

GREENWELL SPRINGS LA 70739-3530

FEDERAL I.D. 72-0423651

10/30/00

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COMPENSATION

C07

INSURANCE BENEFITS ASSIGNED

DEARIE, DENNIS M

Account NBR 016838070-0304

Bill Date Page No. 06/05/01 SM02

INSURANCE PORTION IS COMPUTED ACCORDING TO THE INFORMATION SUPPLIED BY YOUR INSURANCE CARRIER

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INSURANCE PORTION

PATIENT PORTION

DATE

REF NBR

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P.O. Box 14790 • Baton Rouge • LA 70898-4790

Patient's Name Ac

Account Number

Admission Date Discharge

Billing Date

DEARIE, DENNIS M

016838070-0304 [

10/30/00

11/14/00

06/05/01

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BILLTO
DENNIS M DEARIE
15431 RED MAPLE PL
GREENWELL SPRINGS LA 70739-3530

FEDERAL I.D. 72-0423651

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COMPENSATION

C07

Patient's Name DEARIE DENNIS M	Account NBR 016838070-0304	Bill Date 06/05/01	Page No.	INSURANCE PORTION ACCORDING TO THE SUPPLIED BY YOUR INS	I IS COMPUTED HE INFORMATION SURANCE CARRIER
POSTING DATE REF NBR DESCRIPTION	N	ΤΩΤΔΙ	AMOUNT	INSURANCE PORTION	PATIENT PORTION
10/30/0039200001PRIVATE	0637		90.00	390.00	ronnon
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	NTITY OF 2	,	17012	77412	
10/30/0075898874CEFDXITIN	IGM VIAL MEFOX	III	46.46	46.46	
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10/30/0081700648NON TONIC		_	45.00	145.00	
10/30/0084100015IV-START/	KESTART		32.00	32.00	
10/30/0040000774URINAL	MTENETON	_	1.30	1.30	
10/30/0040001597SET, IV E	XIENSIUN /" 4438	3	5.30		
10/30/0040001636DEX 5% .4	15% SUD CHL INJ 10 NATITY OF 2	900	6.40	6.40	
10/30/0040001873TEMP PROE	SE COVERS		16.75	16.75	
10/30/0040002076ICE BAG			5.15	5.15	•
10/30/0040002202STCCKING,	TED HOSE LARGE/F	REG	25.75	25.75	
10/30/0040002343INSYTE NE	EDLE 200 X 1 1/4	i	3.20	3.20	
10/30/0040003790IV START	KIT		5.05	5.05	
10/30/0040019453IV SET, S			5.75	5.75	
10/30/0040061842ADAPTER.		•	7.65	7.65	
10/30/0065107526CULT BLDC	ND-ROUTINE ADULT ANTITY OF 2	3	210.00	210.00	
10/30/0065120337BACTERIAL			38.50	38.50	
10/30/0065126177SUSCEPTIE	BILITY - MIC		23.75	23.75	
-15/35/6081705001CT-ROOM 1	TIME/QUARTER HOUR]	.C8.00		
16/30/0081721938CT-PELVIS		4	74.00	974.00	
10/30/0081741605CT-ARD W/		1,1	06.00	1,106.00	
10/30/0075317370CLONAZEPA)	1.99	1.99	
10/30/0075348409LEVSIN 0.			.95	• 95	
10/30/0075399154ACETAMING	OPHEN 325MG TABLET	Г 2	•20	.20	
10/30/0075980460AMITRIPTY	YLINE 25MG TAB UD		.95	•95	
10/30/0075991828DICLOFEN	NC 75MG TABLET UD		3.31	3.31	
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Patient's Name

DEARIE, DENNIS M

016838070-0304

06/05/01

PLEASE REFER TO PATIENT'S NAME AND ACCOUNT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE FOR SILLING INFORMATION CALL

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PHONE 225/765-8872

BILL TO

DENNIS M DEARIE 15431 RED MAPLE PL

GREENWELL SPRINGS

FEDERAL I.D. 72-0423651

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COMPENSATION C07

	ate: Page No.	INSURANCE PORTION ACCORDING TO THE	IS COMPUTED
DEARIE, DENNIS M	0/05/01 2	ACCORDING TO THE SUPPLIED BY YOUR INS	URANCE CARRIER
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DATE REFINER DESCRIPTION 10/30/00400037778EDSIDE KITS	TOTAL AMOUNT	PORTION	PORTION
	13.25	13.25	
	390.00	390.00	
10/31/0081901014MRI-PARAMAGNETIC CONTR 10 ML 10/31/0075000018DEX 5% W 100ML	279.00	279.00	e de la companya de
	121.55	121.55	
QUANTITY OF 5 10/31/0075000034DEX 5% W 250ML			
10/31/0075000661DEX 5% NACL 0.45% KCL 20MEQ	23.50	23.50	in the second
ALLA LIW - TLA	127.92	127.92	
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	73.68	73.68	
QUANTITY OF 3 10/31/0075108431NAFCILLIN 2GM VIAL	70.05	70.05	
QUANTITY OF 5	79.85	79.85	
10/31/0075124156MEPERIDINE 50MG VIAL	70.00	72 00	
QUANTITY OF 8	72.00	72.00	votatilish 15. juni
10/31/0075124206MEPERIDINE 100MG/1ML VIAL	9.00	0.00	
10/31/0075243907DROPERIDOL 2.5MG/ML 2ML AMP	53.95	9.00 53.95	
QUANTITY OF 5		23.93	7 2 5
10/31/0075780001LEVUFLOXACIN 500MG IN D5W100	158.40	158.40	
QUANTITY OF 2	130.40	170.40	
10/31/0075780207POTASSIUM CL RIDER 40MEQ/100	20.32	20.32	
10/31/0075898874CEFOXITIN 1GM VIAL MEFOXIN		69.69	
QUANTITY OF 3	G 7 C 7		
10/31/0075992469VANCOMYCIN 1000MG VIAL	39.63	39.63	
10/31/0040002344INSYTE NEEDLE 226 X 1"	3.35	3.35	2.5
10/31/0040003790IV START KIT	5.05	5.05	-
10/31/0065004954PUTASSIUM-SERUM	36.25	36.25	14 E
10/31/0065005456CDMPREHENSIVE METABOLIC PANE	131.00	131.00	e grande i de de
10/31/0065301115CBC WITH MANUAL DIFF	57.00	57.00	See Assessment of the Second S
10/31/0065305500SED RATE	23.75	23.75	The second secon
10/31/0081901020MRI-THORACIC SPINE W/WO CONT	2,420.00	2,420.00	A STATE OF THE STA
10/31/0081901022MRI-LUMBAR SPINE W/WD CONTRA	1.,877.00	1,877.00	. **.
19/31/0075300186ACETAMINOPHEN 500MG CAPLETS	•40	.40	
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P.O. Box 14790 • Baton Rouge • LA 70898-4790

Patient's Name Account Number

DEARIE, DENNIS M

016838070-0304 I

10/30/00

11/14/00

06/05/01

PLEASE REFER TO PATIENT'S NAME AND ACCOUNT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE

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BUSINESS OFFICE (EL)

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BILL TO DENNIS M DEARIE 15431 RED MAPLE PL GREENWELL SPRINGS LA 70739-3530

FEDERAL I.D. 72-0423651

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COMPENSATION

C07

Patient's Name DEARIE, DENNIS M	Account NBR Q16838070-0304	Biii Date 06/05/01	Page No.	INSURANCE PORTION ACCORDING TO TH SUPPLIED BY YOUR INS	
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10/31/0075399154ACETAMINOPI	HEN 325MG TABLET	2	1.60	1.50	
10/31/0075980460AMITRIPTYL			1.90	1.90	
10/31/0075991928DICLOFENAC			3.31	3.31	•
10/31/0075991394MISOPROSTO		HD	3.76	3.76	
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	717Y OF 6	•			
11/01/0075000182DEXTROSE 51	% / NACL 0.45% 1 TITY OF 3	00	89.97	89.97	
11/01/0075000281SDDIUM CHL		•	20.00	20.00	
11/01/0075000661DEX 5% NAC			42.64	42.54	,
11/01/0075108431NAFCILLIN		•	95.32	95.32	
	TITY OF 6) J 4 13 L)) • G E	
11/01/0075124206MEPERIDINE			03.00	63.00	
11/01/0075237750GENTAMICIN			24.00	24.00	
11/01/00752439070ROPERIDOL	2.5MG/ML 2ML AM	P	64.74	64.74	
11/01/0075272500PHTASSIUM		OM	24.00	24.00	
11/01/0075780001LEVUFLOXAC		00	79.20	79.20	
11/01/0075780207PJTASSIUM			20.32	20.32	
11/01/0075992482FENTANYL 2			25.38	25.38	
11/01/0084100015IV-START/R			32.00	32.00	
11/01/0040000048DRESSING.			1.15	1.15	
11/01/0040000127SPONGE, GA			2.00	2.00	
11/01/0040000169TAPE 1" CL		· · · · · · · · · · · · · · · · · · ·	3.10	3.10	



Patient's Name

DEARIE, DENNIS M

016838070-0304

06/05/01

PLEASE REFER TO PATIENT'S NAME AND ACCOUNT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE

FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

PHONE 225/765-8872

BILL TO DENNIS M DEARIE 15431 RED MAPLE PL GREENWELL SPRINGS LA 70739-

FEDERAL I.D. 72-0423651

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COMPENSATION

C07

Patient's Name DEARIE,	DENNIS M	Account NBR 016838070-0	304 06/0	Page No	INSURANCE PORTION ACCORDING TO THE SUPPLIED BY YOUR INS	I IS COMPUTED HE INFORMATION SURANCE CARRIER
POSTING	REF NBR DESCRIP	TION		TOTAL AMOUNT	INSURANCE PORTION	PATIENT
11/01/00		THETER DUAL LUM	FN APP	48.50	48.50	PORTION
11/01/00	40001597SET, IV	EXTENSION 7"	4438	5.30	5.30	
11/01/00	40002344INSYTE	NEEDLE 22G X 1"		3.35	3.35	
11/01/004	40003790IV STAR	TKIT	* . *	5.05	5.05	
		PRIMARY W/O FI	LIFR	10.00	10.00	
11/01/00	40061842ADAPTER	. CLAVE MALE LL		22.95	22.95	
		UANTITY OF 3			200	
11/01/00	52009623IV PUMP	2 CHANNEL		57.00	57.00	
11/01/00	65004459MAGNESI	UM-SERUM		60.00	60.00	
11/01/00	65005450METABUL	IC PANEL		124.00	124.00	
11/01/00	65107526CULT BL	DOD-ROUTINE ADU	LT 1900	210.00	210.00	
	ં Q	UANTITY OF 2				
11/01/00	651203378ACTERI	AL ID - SINGLE	*	38.50	38.50	
	; Q	UANTITY OF 2	i de la companya de l			
	65301105CBC WIT			48.25	48.25	
	80002074SINGLE		• •	87.00	87.00	
11/01/00	82000025MINDR P		:4	173.25	173.25	
		UANTITY OF 55				*3.
	93402412ECHOCAR			238.00	238.00	÷.
11/01/00	92001058CARDIAC	MONITOR UP TO	4 HRS	24.00	24.00	170
	8200155301NAMAP			24.00	24.00	
11/01/00	75317370CLONAZE	PAM 0.5MG TABLE	מט ד	1.99	1.99	
11/01/00	75348409LEVSIN			1.90	1.90	
		UANTITY OF 2	•		- Th	
11/01/00		TYLINE 25MG TAB	סט פ	1.90	1.90	. •
21.402.400		UANTITY OF 2			100 m	
11/01/00	75991584LISINOP	RIL 10MG TABLET	מט י	2.15	多数 2.15	14
11/01/00		NAC 75MG TABLET		6.62	6.62	
11/01/00	75.202.004.05.002.35	UANTITY OF 2			7	4-
11/01/00		STOL 200MCG TAB		3.76	3.76	\$ 5 6
11/02/00	9030000000	UANTITY OF 2				
11/05/00	39200001PRIVATE	•	063701	390.00	390.00	1 *
				10 m	Marie Carlos	***
				4		



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Patient's Name

Account Number

Admission Date

DEARIE, DENNIS M

016838070-0304 I

10/30/00

11/14/00

06/05/01

PLEASE REFER TO PATIENT'S NAME AND ACCOUNT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE

FOR BILLING INFORMATION CALL

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DENNIS M DEARLE 15431 RED MAPLE PL

GREENWELL SPRINGS LA 70739-3530

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FEDERAL I.D. 72-0423651

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COMPENSATION

C07

Patient's Name DEARIE DENNIS M	Account NBR 010838070-0304	Bill Date Page No. 5	INSURANCE PORTION ACCORDING TO TO SUPPLIED BY YOUR IN	HE INFORMATION
POSTING DATE DESCRIPTION		TOTAL AMOUNT	INSURANCE PORTION	PATIENT PORTION
11/02/0075000018DEX 5% W		145.86	145.86	PORTION
	NTITY OF 6	145.00	140.00	
11/02/0075000034DEX 5% W		23.50	23.50	
11/02/0075000182DEXTRUSE		00 89.97	89.97	
	NTITY OF 3	<u> </u>		
11/02/0075108431NAFCILLIN	2GM VIAL	95.82	95.82	
	NTITY OF 6	•	,,,,,,	
11/02/0075124206MEPERIDIN	E 100MG/IML VIAL	54.00	54.00	•
	NTITY OF 6			
11/02/0075243907DROPERIDO	L 2.5MG/ML 2ML AM	P 64.74	64.74	
	NTITY OF 6		•	
11/02/0075272500POTASSIUM		OM 32.00	32.00	
QUA	NTITY OF 4			
11/02/0075780001LEVOFLOXA	CIN 500MG IN D5W1	00 79.20	79.20	
11/02/0075991932MEPERIDIN	E 10MG/ML IN NS 1	00 63.50	63.50	
11/02/0040001683SOD CHL .	9% INJ 250ML	2.55	2.55	
11/02/0040019453IV SET, S	ECONDARY	5.75	5.75	
11/02/0040019459IV SET, P	RIMARY W/O FILTER	10.00	10.00	
11/02/0040060219SET, PCA	TUBING	33.50	33.50	
11/02/0052009623IV PUMP 2	CHANNEL	57.00	57.00	
11/02/0052060221PUMP, PCA		72.00	72.00	
11/02/0065005450METABULIC		124.00	124.00	
11/02/0065016073GENTAMICI	N TROUGH-SERUM	66.00	66.00	
11/02/0080006653ABDOMEN F	LAT AND ERECT	215.00	215.00	
11/02/0075317370CLONAZEPA	M 0.5MG TABLET UD	- · · ·	1.99	
11/02/0075348409LEVSIN 0.		1.90	1.90	
	NTITY OF 2			
11/02/0075980460AMITRIPTY		1.90	1.90	
	NTITY OF 2			
11/02/0075981068HYDROCODO		5/ 5.00	5.00	
QUA - 11/02/067520150/1/574056	NTITY OF 2			
11/02/0075991584LISINOPRI	L TOME TABLET UD	2.15	2.15	



HOSPITAL RVICES

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Patient's Name

DEARIE, DENNIS M

Account Number

Date 11/14/00

Date 06/05/01

PLEASE REFER TO PATIENT'S NAME AND ACCOUNT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE

FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

PHONE 225/765-8872

BILLTO
DENNIS M DEARIE
15431 RED MAPLE PL
GREENWELL SPRINGS LA 70739-3530

FEDERAL I.D. 72-0423651

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COMPENSATION

C07

Patient's Name DEARIE, DENNIS M		Date Page No. 6/05/01 6	INSURANCE PORTION ACCORDING TO TH SUPPLIED BY YOUR INS	IS COMPUTED E INFORMATION URANCE CARRIER
POSTING			INSURANCE	PATIENT
DATE REFINER DESCRIPTION		TOTAL AMOUNT	PORTION - 1	PORTION
	NTITY OF 2	6.62	6.62	Million de la companya de la company
11/02/0075991894MISUPROST	OL 200MCG TABLET UD NTITY OF 3	5.64	5.64	
11/03/0039200001PRIVATE	063701	390.00	390.00	
11/03/0075000018DEX 5% W	100ML	170.17	170.17	
	NTITY OF 7			
11/03/0075000182DEXTROSE		59.98	59.98	
	NTITY OF 2		3,.,0	
11/03/0075108431NAFCILLIN		111.79	111.79	
	NTITY OF 7		1.110.17	20.7
11/03/0075243907DROPERIDO		10.79	10.79	
11/03/0075272500PUTASSIUM	CHI ORIDE 40MEQ/20M	16.00	16.00	
	NTITY OF 2		10.00	
11/03/0075780001LEVOFLOXA		79.20	79.20	
11/03/0075808143HEPARIN 1	OO UNITS/ML 10ML VI	8.00	8.00	
11/03/0040001969BASIN, EM	IFSIS	•85	-85	
11/03/0040019452IV SET, P		15.00	15.00	
11/03/0052009623IV PUMP 2		57.00	57.00	The second second
11/03/0052060221PUMP, PCA		72.00	72.00	
11/03/0065005450METABOLIC		124.00	124.00	2:17
11/03/0065107526CULT BLOO		210.00	210.00	
	NTITY OF 2	21000	210.00	
11/03/0075317370CLONAZEPA		1.99	1.99	2 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
11/03/0075348409LEVSIN 0.		1.90	1.90	
	NTITY OF 2	2.00	1.50	
11/03/0075980460AMITRIPTY		1.90	1.90	Section 1
	NTITY OF 2	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	## 7 L. • 7 U	
11/03/0075991584LISINOPRI		2.15	2.15	1 de
11/03/0075991828DICLOFENA	C 75MG TABLET UD	6.62	6.62	
	INTITY OF 2		,_ 0.02	
11/03/0075991894MISUPROST	OL 200MCG TABLET UN	3.76	3.76	
	INTITY OF 2			
		and the second		
		* · · · · · · · · · · · · · · · · · · ·		



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Account Number

Admission

Discharge

Billing Date

DEARIE, DENNIS M

016838070-0304 I

10/30/00

11/14/00

06/05/01

PLEASE REFER TO PATIENT'S NAME AND ACCOUNT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE

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BUSINESS OFFICE (EL)

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15431 RED MAPLE PL
GREENWELL SPRINGS LA 70739-3530

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C07

Pettert's Name DEARIE DENNIS M 016838070-0304 06/	05/01 Page No.	INSURANCE PORTION ACCORDING TO TH SUPPLIED BY YOUR INS	E INFORMATION
POSTING DATE REF NBR DESCRIPTION	TOTAL AMOUNT	INSURANCE	PATIENT PORTION
11/04/0039200001PRIVATE 063701	390.00	390.00	FORTION
11/04/0075000018DEX 5% W 100ML	194.48	194.48	•
QUANTITY OF 8	1,10,10	171610	
11/04/0075000182DEXTROSE 5% / NACL 0.45% 100	89.97	89.97	
QUANTITY OF 3	0,0,1	. 0.47.	
11/04/0075000281SODIUM CHLORIDE 0.9% 150ML	20.00	20.00	
11/04/0075108431NAFCILLIN 2GM VIAL	127.76	127.76	
QUANTITY OF 8	• • • • • • • • • • • • • • • • • • • •	42.0.0	•
11/04/0075237750GENTAMICIN 80MG/2ML VIAL	24.00	24.00	
QUANTITY OF 3			
11/04/0075243907DROPERIDOL 2.5MG/ML 2ML AMP	10.79	10.79	
11/04/0075272500POTASSIUM CHLORIDE 40MEQ/20M	24.00	24.00	
QUANTITY OF 3			
11/04/0075780001LEVBFLDXACIN 500MG IN D5W100	79.20	79.20	
11/04/0075991932MEPERIDINE 10MG/ML IN NS 100	63.50	63.50	·. ·
11/04/0075992484FENTANYL 50MCG/HR PATCH 1 EA	38.05	38.05	
11/04/0040003831SUBCLAVIAN DRESSING KITS	11.75	11.75	
11/04/0052009623IV PUMP 2 CHANNEL	57.00	57.00	
11/04/0052060221PUMP, PCA -	72.00	72.00	
11/04/0065005450METABULIC PANEL	124.00	124.00	
11/04/0065301105CBC WITH AUTO DIFF	48.25	48.25	
11/04/0075317370CLUNAZEPAM 0.5MG TABLET UD	1.99	1.99	
11/04/0075348409LEVSIN 0.125MG TAB	1.90	1.90	
QUANTITY OF 2			
11/04/0075980460AMITRIPTYLINE 25MG TAB UD	1.90	1.90	
QUANTITY OF 2			
11/04/0075991584LISINUPRIL 10MG TABLET UD	2.15	2.15	
11/04/0075991828DICLOFENAC 75MG TABLET UD	6.62	6.62	
QUANTITY OF 2			
11/04/0075991894MISOPROSTOL 200MCG TABLET UD	1.88	1.88	•
11/05/0039200001PRIVATE 063701	390.00	390.00	
11/05/00750000180EX 5% H 100ML	145.86	145.86	
QUANTITY OF 6			



Patient's Name

DEARIE, DENNIS M

016838070-0304

PLEASE REFER TO PATIENT'S NAME AND ACCOUNT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE

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BILL TO DENNIS M DEARIE 15431 RED MAPLE PL GREENHELL SPRINGS

FEDERAL I.D. 72-0423651

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STATEMENT WITH YOUR REMITTANCE TO ASSURE PROPER CREDIT

COMPENSATION

C07

Patient's Name DEARIE, DENNIS M	Account NBR 016838070-0304	Bill Date Page No. 7	INSURANCE PORTION ACCORDING TO THE SUPPLIED BY YOUR INS	I IS COMPUTED HE INFORMATION SURANCE CARRIER
POSTING			INSURANCE TO THE	PATIENT
DATE REF.NBR DESCRIPTION 11/05/00750001820EXTROSE		TOTAL AMOUNT: 334	3 PORTION	PORTION
	ANTITY OF 2	00 <u> </u>	59.98	
11/05/0075000281S0DIUM C		20.00	20.00	
11/05/0075108431NAFCILLI	N 2GM VTAL	95.82	95.82	ind Mark
	ANTITY OF 6	37.02	73.02	
11/05/0075237750GENTAMIC		24.00	24.00	
QU	ANTITY OF 3	and the second s		*
11/05/0075243907UROPERID	OL 2.5MG/ML 2ML AM	P 1.0.79	10.79	
11/05/0075272500POTASSIU	M CHLORIDE 40MEQ/2	OM 16.00	16.00	
, QU	ANTITY OF 2			
11/05/0075780001LEVDFLOX	ACIN SOOMG IN D5W1	7.9.20	79.20	
11/05/0075808143HEPARIN	100 UNITS/ML 10ML	VI 8.00	8.00	
11/05/0075991932MEPERIDI	NE 10MG/ML IN NS 1		63.50	
11/05/0052009623IV PUMP	2 CHANNEL	57.00	57.00	
11/05/0052060221PUMP, PC 11/05/0065301115CBC WITH	A MANUAL DIES	72.00	72.00	
11/05/0075317370CLDNAZEP	MANUAL UIFF	57.00	57.00	
11/05/00753148409LEVSIN 0	125MC TABLET UU	1.99	1.99	
	ANTITY OF 2	1.90	1.90	
11/05/0075399154ACETAMIN	OPHEN 325MG TABLET	2 1.20	1.20	177 + 14 1
	ANTITY OF 6	2 1.20	1.20	
11/05/0075980460AHITRIPT		~ 1.90	1.90	
	ANTITY OF 2			# ,
11/05/0075991584LISINOPR	IL 10MG TABLET UD	4.30	4.30	
ดบ	ANTITY OF 2			
11/05/0075991828DICLOFEN		6.62	6.62	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
	ANTITY OF 2	e e e de la	and the second s	
11/06/0039200001PRIVATE	0637		390.00	
11/06/0081901014MRI-PARA	MAGNETIC CONTR 10		7 279.00	
11/06/0075000018DEX 5% W		1.45.86	145.86	- vp
	ANTITY OF 6			<u>5</u> 74
11/06/0075000182DEXTROSE		00 🐖 59•98	59.98	
40	IANTITY OF 2	-id-market 1 1 1 1 1 1 1 1 1		**
		₹* . •		- E



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Account Number

DEARIE, DENNIS M

016838070-0304 I

10/30/00 11/14/00

06/05/01

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C07

Patient's Name DEARIE DENNIS M C16838070-0304 06/	05/01 Page No.	- INSURANCE PORTION ACCORDING TO T SUPPLIED BY YOUR IN	N IS COMPUTED HE INFORMATION SURANCE CARRIER
POSTING DESCRIPTION	TOTAL AMOUNT	INSURANCE PORTION	PATIENT PORTION
11706/0075000281SODIUM CHLORIDE 0.9% 150ML	20.00	20.00	•
11/06/0075108431NAFCILLIN 2GM VIAL	95.82	95.82	
QUANTITY OF 6	_		
11/06/0075237750GENTAMICIN 80MG/2ML VIAL	24.00	24.00	
QUANTITY OF 3		2.000	
11/06/0075272500POTASSIUM CHLORIDE 40HEQ/20M	16.00	16.00	•
QUANTITY OF 2		13000	
11/06/0075808143HEPARIN 100 UNITS/ML 10ML VI	8.00	8.00	. *
11/06/0075992484FENTANYL 50MCG/HR PATCH 1 EA	38.05	38.05	
11/06/0040000169TAPE 1" CLEAR	3.10	3.10	
11/06/00400194521V SET, PRIMARY W/FILTER	15.00	15.00	
11/06/0040019453IV SET, SECONDARY	5.75	5.75	
11/06/0052009623IV PUMP 2 CHANNEL	57.00	57.00	* .
11/06/0052060221PUMP, PCA	72.00	72.00	•
11/06/0081901022MRI-LUMBAR SPINE W/WO CONTRA	1.877.00	1,877.00	
11/06/0075317370CLONAZEPAM 0.5MG TABLET UD	1.99	1.99	
11/06/0075348409LEVSIN 0.125MG TAB	1.90	1.90	
QUANTITY OF 2	1000	24,0	
11/06/0075399154ACETAMINOPHEN 325MG TABLET 2	.80	.90	
QUANTITY OF 4	1,50	•	•
11/06/0075980460AMITRIPTYLINE 25MG TAB UD	1.90	1.90	
QUANTITY OF 2		1.50	
11/06/0075991584LISINUPRIL 10MG TABLET UD	4.30	4.30	
QUANTITY OF 2	, ,	, , , ,	
11/06/007599182801CLOFENAC 75MG TABLET UD	5.62	6.62	
QUANTITY OF 2	3.02	0.02	•
11/06/0075991894MISOPROSTOL 200MCG TABLET UD	3.76	3.76	
QUANTITY OF 2	3610	74 10	
11/07/0039200001PRIVATE 063701	390.00	390.00	
11/07/0075000018DEX 5% W 100ML	145.86	145.86	
QUANTITY OF O	1,5400	1,5100	
11/07/00750001820EXTRUSE 5% / NACL 0.45% 100	89.97	89.97	
QUANTITY OF 3			



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Patient's Name

DEARIE, DENNIS M

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POSTING DATE REFNBR DESCRIPTION TOTAL AMOUNT PORTION PORTION 11/07/0075000281SUDIUM CHLORIDE 0.9% 150ML 20.00 20.00 11/07/0075108431NAFCILLIN 2GM VIAL 95.82 95.82 QUANTITY DF 6 11/07/0075124156MEPERIDINE 50MG VIAL 9.00 9.00 11/07/0075237750GENTAMICIN 80MG/2ML VIAL 24.00 24.00 QUANTITY DF 3 11/07/0075243907DRDPERIDDL 2.5MG/ML 2ML AMP 10.79 10.79 11/07/0075272500PDTASSIUM CHLORIDE 40MEQ/20M 24.00 24.00 QUANTITY OF 3 11/07/0075991932MEPERIDINE 10MG/ML IN NS 100 63.50 63.50 11/07/0075992488FENTANYL 100MCG/HR PATCH 1 E 72.42 72.42	DENNIS M	Account NBR	Date Page No.	INSURANCE PORTION ACCORDING TO THE	HE INFORMATION
DATE REFNBR DESCRIPTION TOTAL MOUNT PORTION 11/07/0075000281SDD IUM CHLORIDE 0.9% 150ML 20.00 20.00 11/07/0075108431NAFCILLIN 2GM VIAL 95.82 95.82 QUANTITY DF 6 11/07/0075124156MEPERIDINE 50MG VIAL 9.00 9.00 11/07/0075237750GENTAMICIN 80MG/2ML VIAL 24.00 24.00 QUANTITY DF 3 11/07/0075243907DRDPERIDDL 2.5MG/ML 2ML AMP 10.79 10.79 11/07/0075272500POTASSIUM CHLORIDE 40MEQ/20M 24.00 24.00 QUANTITY OF 3 11/07/0075991932MEPERIDINE 10MG/ML IN NS 100 63.50 63.50 11/07/0075992488FENTANYL 100MCG/HR PATCH 1 E 72.42 72.42		1000010-0504 (00/ 02/01 10	i .	CONTAINUE CANNIER
11/07/0075000281SDDIUM CHLORIDE 0.9% 150ML 20.00 20.00 11/07/0075108431NAFCILLIN 2GM VIAL 95.82 95.82 QUANTITY DF 6 11/07/0075124156MEPERIDINE 50MG VIAL 9.00 9.00 11/07/0075237750GENTAMICIN 80MG/2ML VIAL 24.00 24.00 QUANTITY DF 3 11/07/0075243907DRDPERIDDL 2.5MG/ML 2ML AMP 10.79 10.79 11/07/0075272500POTASSIUM CHLORIDE 40MEQ/20M 24.00 24.00 QUANTITY OF 3 11/07/0075991932MEPERIDINE 10MG/ML IN NS 100 63.50 63.50 11/07/0075992488FENTANYL 100MCG/HR PATCH 1 E 72.42 72.42			ARETOTAL AMOUNT	A STATE OF THE STA	PATIENT
11/07/0075108431NAFCILLIN 2GM VIAL QUANTITY OF 6 11/07/0075124156MEPERIDINE 50MG VIAL 9.00 9.00 11/07/0075237750GENTAMICIN 80MG/2ML VIAL QUANTITY OF 3 11/07/0075243907DROPERIDOL 2.5MG/ML 2ML AMP 10.79 11/07/0075272500POTASSIUM CHLORIDE 40MEQ/20M QUANTITY OF 3 11/07/0075991932MEPERIDINE 10MG/ML IN NS 100 11/07/0075992488FENTANYL 100MCG/HR PATCH 1 E 72.42 72.42	10750002815001UM CHL	IDE 0.9% 150ML	20.00	The state of the s	A Company of the Comp
QUANTITY OF 6 11/07/0075124156MEPERIDINE 50MG VIAL 9.00 9.00 11/07/0075237750GENTAMICIN 80MG/2ML VIAL QUANTITY OF 3 11/07/0075243907DROPERIDOL 2.5MG/ML 2ML AMP 10.79 11/07/0075272500POTASSIUM CHLORIDE 40MEQ/20M QUANTITY OF 3 11/07/0075991932MEPERIDINE 10MG/ML IN NS 100 11/07/0075992488FENTANYL 100MCG/HR PATCH 1 E 72.42 72.42	075108431NAFCILLIN ;	M VIAL			
11/07/0075237750GENTAMICIN 80MG/2ML VIAL 24.00 24.00 QUANTITY OF 3 11/07/0075243907DROPERIDOL 2.5MG/ML 2ML AMP 10.79 10.79 11/07/0075272500POTASSIUM CHLORIDE 40MEQ/20M 24.00 24.00 QUANTITY OF 3 11/07/0075991932MEPERIDINE 10MG/ML IN NS 100 63.50 63.50 11/07/0075992488FENTANYL 100MCG/HR PATCH 1 E 72.42 72.42					Syles Syles Society 4
11/07/0075237750GENTAMICIN 80MG/2ML VIAL 24.00 24.00 QUANTITY DF 3 11/07/0075243907DROPERIDOL 2.5MG/ML 2ML AMP 10.79 10.79 11/07/0075272500POTASSIUM CHLORIDE 40MEQ/20M 24.00 24.00 QUANTITY OF 3 11/07/0075991932MEPERIDINE 10MG/ML IN NS 100 63.50 63.50 11/07/0075992488FENTANYL 100MCG/HR PATCH 1 E 72.42 72.42	075124156MEPERIDINE	OMG VIAL	9.00	9-00	
QUANTITY OF 3 11/07/0075243907DROPERIDOL 2.5MG/ML 2ML AMP 11/07/0075272500POTASSIUM CHLORIDE 40MEQ/20M 24.00 24.00 QUANTITY OF 3 11/07/0075991932MEPERIDINE 10MG/ML IN NS 100 63.50 63.50 11/07/0075992488FENTANYL 100MCG/HR PATCH 1 E 72.42 72.42	075237750GENTAMICIN	OMG/2ML VIAL	94	2300 STORY STORY	
11/07/0075272500PQTASSIUM CHLORIDE 40MEQ/20M 24.00 24.00 QUANTITY QF 3 11/07/0075991932MEPERIDINE 10MG/ML IN NS 100 63.50 63.50 11/07/0075992488FENTANYL 100MCG/HR PATCH 1 E 72.42 72.42					
11/07/0075272500POTASSIUM CHLORIDE 40MEQ/20M 24.00 24.00 QUANTITY OF 3 11/07/0075991932MEPERIDINE 10MG/ML IN NS 100 63.50 63.50 11/07/0075992488FENTANYL 100MCG/HR PATCH 1 E 72.42 72.42	075243907DROPERIDOL	.5MG/ML 2ML AMP	10.79	10-79	
QUANTITY OF 3 11/07/0075991932MEPERIDINE 10MG/ML IN NS 100 63.50 63.50 11/07/0075992488FENTANYL 100MCG/HR PATCH 1 E 72.42 72.42	075272500POTASSIUM (LORIDE 40MED/201	1 24.00		
11/07/0075992488FENTANYL 100MCG/HR PATCH 1 E 72.42 72.42					
11/07/0075992488FENTANYL 100MCG/HR PATCH 1 E 72.42 72.42	075991932MEPERIDINE	OMG/ML IN NS 100	63.50	63.50	
	075992488FENTANYL 10	MCG/HR PATCH 1 E		ACCEPTANCE OF THE PARTY OF THE	
TIVOLVOOLOODOOTIOOGCTWATHU DKE22TUR KT12)040003831SUBCLAVIAN	RESSING KITS	11.75	11.75	
11/07/0052009623IV PUMP 2 CHANNEL 57-00 57-00		ANNEL	and the state of t	2007-02	
11/07/0052060221PUMP, PCA 72.00 72.00			•		
11/07/0065301105CBC WITH AUTO DIFF 48.25		O DIFF	** · · · · ·	1520-1500-1500-1500-	5 53
11/07/0065305500SED RATE 23.75				18 18 18 18 18 18 18 18 18 18 18 18 18 1	
11/07/0075317370CLDNAZEPAM 0.5MG TABLET UD 1.99	075317370CLONAZEPAM	.5MG TABLET UD		Craft of Constitution	
11/07/0075348409LEVSIN 0.125MG TAB	0075348409LEVSIN 0.1	MG TAB		The state of the s	
QUANTITY OF 2 TO THE PROPERTY OF STATE OF THE PROPERTY OF T	QUAN.	TY UF 2			
11/07/0075980460AMITRIPTYLINE 25MG TAB UD 1.90 1.90	075980460AMITRIPTYL	E 25MG TAB UD	1.90	1.90	
QUANTITY OF 2			en die en de la company de		
11/07/0075991584LISINOPRIL 10MG TABLET UD 4.30 4.30	075991584LISINOPRIL	OMG TABLET UD	4.30	4.30	
QUANTITY OF 2					7
11/07/0075991894MISOPROSTOL 200MCG TABLET UD 3.76 3.76)075991894MISOPROSTO	200MCG TABLET U	3.76	3.76	A. T
QUANTITY OF 2		TY OF 2	•		'' ', ''
11/08/0039200001PRIVATE 063701 9 390.00 6 390.0		06370	390.00	通過。390.00	
11/08/0075000018DEX 5% W 100ML 121.55	0075000018DEX 5% W 1	ML ···	121.55	7-7	
QUANTITY OF 5					Harry
11/08/0075000182DEXTROSE 5% / NACL 0.45% 100 59.98 59.98	0075000182DEXTROSE 5	/ NACL 0.45% 10	59.98	7 59.98	
QUANTITY OF 2	QUAN	TY OF 2			£4
11/08/007500028150DIUM CHLORIDE 0.9% 150ML 20.00 20.00	007500028150DIUM CHL	IDE 0.9% 150ML	20.00	20.00	13. 9 7
11/08/0075108431NAFCILLIN 2GM VIAL 79.85 79.85			79.85	79.85	
QUANTITY OF 5	QUAN'	TY OF 5			Maria de la compansión de La compansión de la compa
		·			
The state of the s		The secondary was advanced by the			tage



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Patient's Name Account

Admission Date Discharge

Billing Date

06/05/01

DEARIE, DENNIS M

016838070-0304 I

10/30/00

11/14/00

• -

PLEASE REFER TO PATIENT'S NAME AND ACCOUNT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE

FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

PHONE 225/765-8872

BILLTO
DENNIS M DEARIE
15431 RED MAPLE PL
GREENWELL SPRINGS LA: 70739-3530

FEDERAL I.D. 72-0423651

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Patient's Name DEARIE, DENNIS M	Account NBR 16838070-0304	Bill Date Page No. 06/05/01 11	INSURANCE PORTIO ACCORDING TO 1 SUPPLIED BY YOUR IN	HE INFORMATION
POSTING DATE REF NBR DESCRIPTION		TOTAL AMOUNT	INSURANCE PORTION	PATIENT PORTION
11/08/0075237750GENTANICIN	SCMG/2ML VIAL TITY DF 3	24.00	24.00	POHION
11/08/0075272500PUTASSIUM		16.00	16.00	
11/08/0075808143HEPARIN 10		VI 8.00	8.00	•
11/08/0040003831SURCLAVIAN		11.75	11.75	
11/08/0040019452IV SET, PR		15.00	15.00	
11/08/0052009623IV PUNP 2	CHANNEL	57.00	57.00	,
11/08/0052060221PUMP, PCA		72.00	72.00	
11/08/0075300202RIFAMPIN 3	-	10.72	10.72	
	TITY OF 2			•
11/08/0075317370CLONAZEPAM 11/08/0075348409LEVSIN 0.1			1.99	
the contract of the contract o	_	1.90	1.90	
11/08/0075980460AMITRIPTYL	TITY OF 2			
		1.90	1.90	•
11/08/0075991828DICLOFENAC	TITY OF 2	2 21		
11/08/0075991894MISOPROSTO		3.31	3.31	
11/09/00392000C1PRIVATE			1.88	
11/09/0075000018DEX 5% W 1	° 0637		390.00	
	TITY OF 7	170.17	170.17	
11/09/0075000281SUDIUM CHL		20.00	20.00	
11/09/0075108431NAFCILLIN	2GM VIAL	111.79	111.79	
	TITY OF 7			
11/09/0075237750GENTAMICIN	BOMG/2ML VIAL TITY OF 3	24.00	24.00	
11/09/0075243907DROPERIOOL		1P 21.58	21.58	
11/09/0075808143HEPARIN 10		VI 8.00	8.00	
11/09/0075991932MEPERIDINE			63.50	
11/09/0040019452IV SET, PR		15.00	15.00	
11/09/0052009623IV PUMP 2		57.00	57.00	
11/09/0052060221PUMP, PCA		72.00		•

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Patient's Name

DEARIE, DENNIS M

016838070-0304

06/05/01

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Patient's Name DEARIE, DENNIS M	Account NBR Q16838070-0304	the control of the co	INSURANCE PORTIC ACCORDING TO SUPPLIED BY YOUR IN	N IS COMPUTED THE INFORMATION
•	Q10036070=0304	06/05/01 12	SUPPLIED BY YOUR IN	SUHANCE CARRIER
POSTING DATE REF NBR DESCRIPTIO	N		INSURANCE	PATIENT
11/09/0065005450METABOLIC	PANEL	TOTAL AMOUNT	PORTION	PORTION
11/09/0065107526CULT BLDC	D-ROUTINE ADDRESS	124.00	124.00	
	NTITY OF 2	210.00	210.00	
11/09/0065301105CBC WITH		48.25	4.9 25	
11/09/0075300202RIFAMPIN	300MG CAP	10.72	48.25	
	NTITY OF 2	10.12	10.72	2
11/09/0075317370CLONAZEPA	M 0.5MG TARLET U	1.99	1.99	1965 1965
11/09/0075348409LEVSIN 0.	125MG TAB	1.90	1.90	
	NTITY OF 2		1 - 70	
11/09/0075980460AMITRIPTY	LINE 25MG TAB UD	1.90	1.90	
	NTITY OF 2			
11/09/0075991584LISINOPRI	L 10MG TABLET UD	4.30	4.30	
QUA	NTITY OF 2			New Land
11/09/0075991828DICLOFENA		6.62	6.62	
¢ ₀ , ∴ QUA	NTITY OF 2			
11/09/0075991894MISOPROST	OL 200MCG TABLET	UD 3.76	3.76	
QUA	NTITY OF 2			
11/10/0039200001PRIVATE	063	701 - 390.00	390.00	\$1.5 m
11/10/0075000018DEX 5% N		145.86	145.86	
QUA	NTITY OF 6			
11/10/0075000182DEXTROSE	5% / NACL 0.45%		29.99	
11/10/0075000281SDDIUM CH	ILURIDE 0.9% 150M	· (*)	20.00	
11/10/0075100057FENTANYL	0.05MG/ML 5ML AMI		9.00	
11/10/0075108431NAFCILLIN		95.82	95.82	
4UA 11/10/00752020241 IDDC+INC	NTITY OF 6			
11/10/0075203034LIDUCAINE 11/10/0075237750GENTAMICT	2% (100MG/5ML)		8.00	47
		24.00	24.00	e de la companya de l
11/10/0075243907DROPERIDO				
11/10/0075272500POTASSIUM	CHIMPIDE ADMENT	,	10.79	
11/10/0075279869METUCLOPR	SAMIDE JUNCASMI AS		8.00	
11/10/0075992358SQDIUM CH	HINRIDE LONG/AME Y	-	8.00	
11/10/0075992512MIDAZOLAN	1 1MG/ML 2MI MOV	OML 8.00	8.00	
	THOU THE THE	11.01:	11.01	
, ••			3 3 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	rilando
				40°-



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DEARIE, DENNIS M

016838070-0304

10/30/00

11/14/00

06/05/01

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Petient's Name DEARIE, DENNIS M 016838070-0304	Bill Date Page No. 06/05/01 13	INSURANCE PORTION ACCORDING TO TO SUPPLIED BY YOUR INS	N IS COMPUTED HE INFORMATION SURANCE CARRIER
POSTING DATE REF.NBR DESCRIPTION	TOTAL AMOUNT	INSURANCE PORTION	PATIENT PORTION
-11/10/00/5992523UNDANSETRON	AR 57-18	57.18	
11/10/0075992582PROPOFOL 10MG/ML IV EMULSI	DN 31.38	31.38	
11/10/0040000048DRESSING, TEGADERM 2.38X2.	75 1.15	1.15	• * * *
11/10/0040000049DRESSING. TEGADERM 4"X4"	3-60	3.60	
11/10/0040000146SPONGE, DRESS SOF-WICK 4X4	.85	.85	
11/10/0040000150SPONGE, SURGICEL 4 X 8	77.00	77.00	•
11/10/0040000303POSITIONER, DONUT AID	3.55	3.55	3.1
11/10/0040000342POSITIONER, PROTECTOR ELBO	W 8.45	8.45	
11/10/0040001269GLOVE, ULTRADERH BROWN 6.5	7.90		
11/10/0040001271GLOVE, ULTRADERH BROWN 7.5	7.95	7.95	
11/10/0040001668LACTATED RINGERS INJ USP 1	00 3.35	3.35	
11/10/0040001710SOLUTION, IRRIGATE N/S BT 5	00 3.40	3.40	
11/10/0040001841PAD, ELECTRODE RETURN ADUL	T 11.50	11.50	
11/10/0040002273VASELINE JELLY 1 DZ TUBE	2.60	2.60	io.
11/10/0040002784SUTURE, ETHILON 2 LR-LR 75	CM 11.25	11.25	
11/10/0040003831SUBCLAVIAN DRESSING KITS	11.75	11.75	
11/10/0040003838INSTRUMENT SET DISPOSABLE	19.75	19.75	r t
11/10/0040006457SDLUTION, DURAPREP	21.00	21.00	
11/10/0040009921PACK, MAJOR-SURGERY	86.00	86.00	
11/10/0040019453IV SET, SECONDARY	5.75	5.75	
11/10/0040019502GLOVE, BIDGEL WHITE 7	13.20	13.20	,
QUANTITY OF 2		,	
11/10/0040019628CATH, HICKMAN SINGLE LUMEN	9 106.00	106.00	. •
11/10/0040025438MONDCRYL 4-0 PS-2	14.50	14.50	
11/10/0040050359BOVIE OR VAL LAB	9.45	9.45	
11/10/0040059254DRAPE, LAP VHA+	23.25	23.25	
11/10/0040061842ADAPTER, CLAVE MALE LL	7.65	7.65	•
11/10/0050016841SENSOR GUARD BANDAGE, ADUL	T 5.30	5.30	
11/10/0050025497FLEXISENSDR, ADULT	6.00	6.00	
11/10/0052009623IV PUMP 2 CHANNEL	57.00	57.00	
11/10/0052060221PUMP, PCA	72.00	72.00	
11/10/00800020745INGLE VIEW CHEST	87.00	87.00	-
11/10/0080009806FLUDRUSCOPY GREATER THAN 1	Н 396.00	396.00	

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Patient's Name

DEARIE, DENNIS M

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INSURANCE PORTION IS COMPUTED

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DENNIS M. DEARIE 15431 RED MAPLE PL

GREENWELL SPRINGS LA 70739

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Patient's Name DEARIE, DENNIS M	Account NBR 916838070-0304		ACCORDING TO TH SUPPLIED BY YOUR INS	IS COMPUTED IE INFORMATION URANCE CARRIER
POSTING			INSURANCE	PATIENT
DATE REFINER DESCRIPTION DESCR	TION	TOTALAMOUNT	PORTION - 3	PORTION 6
	UANTITY OF 47	940.00	940.00	
11/10/0050000782ANES. M		351		
11/10/0040055967SHEATH,	10-12 ED DEEL ALL	251.00	251.00	
11/10/0082000021RECUVER	Y DONA MINUTES_3	112.00 225.00	112.00	
	UANTITY OF 50	223.00	225.00	
11/10/0082001058CARDIAC		24.00	24 00	
11/10/0082001553DINAMAP	MONITOR OF TO 4 HA	24.00	24.00 24.00	
11/10/0075300202RIFAMPI	N 300MG CAP	5.36	5.36	
11/10/0075317370CLONAZE	PAM 0.5MG TABLET HE	1.99	1.99	
11/10/0075348409LEVSIN	0-125MG TAR	1.90	1.90	
	UANTITY OF 2		1.90	
11/10/0075399154ACETAHI		·40	.40	
	UANTITY OF 2	and the same of the same of the same	• 40	
11/10/0075980460AMITRIP	TYLINE 25MG TAR UD	190	1.90	4
	DUANTITY OF 2			
11/10/0075991584LISINOP	RIL 10MG TABLET UD	4.30	4.30	
- Partie	WANTITY OF 22			
11/10/0075991828DICLOFE	NAC 75MG TABLET UD	6.62	6.62	
and the second s	UANTITY OF 2	ニュマス 整計 単一 とおき返り		
11/10/0075991894MISOPRO	ISTOL 200MCG TABLET	UD 1.88	1.88	
11/11/0039200001PRTVATE	063		390.00	
11/11/0075000018DEX 5%	W 100ML	145.86	145.86	
	WANTITY OF 6			
11/11/00 7 5000182DEXTRUS	SE 5% / NACL 0.45%]	29.99	29.99	
11/11/0075000281SDDIUM	CHLORIDE 0.9% 150M	- 20.00	THE STATE OF THE S	
11/11/007510843 <mark>1NAF</mark> CILL		95.82	95.82	
	MANTITY OF 6			
11/11/0075237750GENTAMI		24.00	24.00	
Q	NUANTITY OF 3		aring data distingty systems of the second s	
11/11/0075243907DROPERI		MP 21.58	21.58	V
	NUANTITY OF 2			
11/11/0075272500PUTASSI	UM CHLORIDE 40MEQ/	20M 8.00	8.00	
:	· · · · · · · · · · · · · · · · · · ·	المراقع والمراقب والمناف والمناف والمنافع والمنا		
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			- 	Market And Annual



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Account Number

Date 04 I 10/30/00

Discharge Date

Date 06/05/01

DEARTE, DENNIS M

016838070-0304 I I

11/14/00

. . . .

PLEASE REFER TO PATIENT'S NAME AND ACCOUNT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE

FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

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BILLTO
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15431 RED MAPLE PL
GREENWELL SPRINGS LA 70739-3530

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C07

Patient's Name DEARIE, DENNIS M	Account NBR 016938070-0304 06	Page No. /05/01 15	INSURANCE PORTION ACCORDING TO TH SUPPLIED BY YOUR INS	IS COMPUTED E INFORMATION URANCE CARRIER
POSTING DATE REF NBR DESCRIP	TION	TOTAL AMOUNT	INSURANCE PORTION	PATIENT PORTION
11/11/0075991932MEPERID		63.50	63.50	- 1
#1/11/0040000048DRESSIN	G. TEGADERM 2.38X2.75	1.15	1.15	
11/11/0040002202STDCKIN	G. TED HOSE LARGE/REG	25.75	25.75	
11/11/0040003831SUBCLAV		11.75	11.75	A Company of the Comp
11/11/0040019452IV SET.	PRIMARY W/FILTER	30.00	30.00	
o ∰ayya a sa a Q	UANTITY OF 2			
11/11/0040019453IV SET,		5.75	5.75	
11/11/0052009623IV PUMP		57.00	57.00	
		72.00	72.00	r de
11/11/0077001469PT EVAL		172.00	172.00	
11/11/0075300202RIFAMPI		10.72	10.72	4
	UANTITY OF .2			
11/11/0075317370CLONAZE	PAM 0.5MG TABLET UD	1.99	1.99	
11/11/0075348409LEVSIN		•95	•95	ine.
11/11/0075399154ACETAMI		. 40	•40	
The second secon	UANTITY OF 2		Algeria (Alemania) Nationale	
11/11/0075980460AMITRIP		1.90	1.90	12 m
	UANTITY OF 2			
11/11/0075991584L ISINDP	• =	34.40	34.40	
11/11/0075991828DICLOFE	NAC 75MC TABLET UD	2 21		
11/11/0075991894MISOPRO		3.31	3.31	ŢĠ.
	UANTITY OF 2	3.76	3.76	
11/12/0039200001PRIVATE	-	390.00	390.00	
11/12/0075000018DEX 5%		145.86	145.86	
	WANTITY OF 6	143.00	147400	
11/12/0075000182DEXTROS	E 5% / NACL 0.45% 100	29.99	29.99	i. Ez
11/12/0075000281SUDIUM	CHLORIDE 0.9% 150M	20.00	20.00	
11/12/0075108431NAFCILL	IN 2GM VIAL	95.82	95.82	and the second s
and the second s	UANTITY OF 6	,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	44°
11/12/0075237750GENTAMI		24.00	24.00	¥. **
G	UANTITY OF 3			. *** .***
	· ·			* ··

DEARIE, DENNIS M

PLEASE REFER TO PATIENT'S NAME AND ACCOUNT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE
FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

BILL TO DENNI'S M DEARIE FEDERAL I.D. 72-0423651

15431 RED MAPLE PL GREENWELL SPRINGS LA 70739

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COMPENSATION

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Petient's Name DEARIE DENNIS M C16838070-030		INSURANCE PORTION ACCORDING TO THI SUPPLIED BY YOUR INSU	IS COMPUTED E INFORMATION JRANCE CARRIER
POSTING		INSURANCE PORTION	PATIENT*
DATE REF.NBR DESCRIPTION	TOTALAMOUNT	PORTION	PORTION:
11/12/0075243907DROPERIDOL 2.5MG/ML 2ML	AMP 21.58	21.58	
QUANTITY OF 2	4		
11/12/0075272500POTASSIUM CHLORIDE 40MEQ		8.00	
11/12/0040003831SUBCLAYIAN DRESSING KITS	無数 . 生 一	11.75	
11/12/0052009623IV PUMP 2 CHANNEL	57.00	57.00	A
11/12/0052060221PUMP . PCA	72.00	72.00	
11/12/0075300202RIFAMPIN 300MG CAP	16.08	16.08	
QUANTITY OF 3			
11/12/0075317370CLONAZEPAM 0.5MG TABLET	UD 1.99	1.99	
11/12/0075348409LEVSIN 0.125MG TAB	1.90	1.90	
QUANTITY OF 2			
11/12/0075399154ACETAMINOPHEN 325MG TABL	ET 2 .60	-60	
QUANTITY OF 3			
11/12/0075980460AMITRIPTYLINE 25MG TAB U	JD 1.90	1.90	
QUANTITY OF 2			
11/12/0075991584LISINOPRIL 10MG TABLET U	JD 4.30	4.30	
QUANTITY OF 2			
11/12/0075991828DICLOFENAC 75MG TABLET U	JD 6.62	6.62	
QUANTITY OF 2			
11/12/0075991894HISOPROSTOL 200MCG TABLE	T UD 3.76	3.76	
QUANTITY OF 2	d'action		
그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	390.00	390.00	
11/13/0075000018DEX 5% W 100ML	48.62	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
QUANTITY OF 2	70.02	70.02	
11/13/0075108431NAFCILLIN 2GM VIAL	31.94		
QUANTITY OF 2		* 31.74	
11/13/0075243907DROPERIDOL 2.5MG/ML 2ML	AMP 10.79	10 70	
11/13/0075780207PUTASSIUM CL RIDER 40MEG	AUL TO TO TO	10.79	
QUANTITY OF 2	1/100 40.64	40-64	
11/13/0040000182TAPE, SILK 1" DURAPORE		7	
11/13/0040019453IV SET, SECONDARY	2.30	2.30	
11/13/0052009623IV PUMP 2 CHANNEL	5.75	5.75	
11/13/0052060221PUMP - PCA	57.00	57.00	
**/ *3/ VO ZEOOOZZIFONE (* FCA	72.00	72.00	2.14
And the second s			
	ALCOHOLD TO THE PARTY OF THE PA		

DENNI'S M

PLEASE REFER TO PATIENT'S NAME AND ACCOUNT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE

FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

PHONE 225/765-8872

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Patient's Name	Account NBR	(Bill Date Page No.	INSURANCE PORTION	IS COMPUTED
DEARIE, DENNIS M	Q16838070-0304	06/05/01 17	INSURANCE PORTION ACCORDING TO THE SUPPLIED BY YOUR INS	URANCE CARRIER
POSTING			INSURANCE.	PATIENT
DATE REF NBR DESCRIPTION	N	TOTAL AMOUNT	PORTION	PORTION
11/13/0065005456CDMPREHEN	ISIVE METABOLIC PA	NE 131.00	131.00	الانتظامات المتنسب والمعادي
11/13/0065301105CBC WITH		48.25	48.25	
11/13/0075300202RIFAMPIN	300MG CAP	16.08	16.08	
	NTITY OF 3			
11/13/0075317370CLONAZEPA	M 0.5MG TABLET UD	1.99	1.99	
11/13/0075348409LEVSIN 0.	125MG TAB	1.90	1.90	
	NTITY OF 2			
11/13/0075780310ZALEPLON	5MG CAPSULE	3.44	. 3.44	
11/13/0075980460AMITRIPTY	LINE 25MG TAB UD	1.90	1.90	
QUA	NTITY OF 2			Services .
11/13/0075991584LISINOPRI	L 10MG TABLET UD	4.30	4.30	
QUA CONTRACTOR OF THE CONTRACT	NTITY OF 2			
11/13/0075991828DICLOFENA	C 75MG TABLET UD	6.62	6.62	
QUA	NTITY OF 2	•		3.534 (4) 3.9
11/13/0075991894MISOPROST	OL 200MCG TABLET	UD 3.76	3.76	
QUA	NTITY OF 2			
11/14/0075000018DEX 5% W		145.86	145.86	
QUA	NTITY OF 6			1
11/14/0075000182DEXTROSE	5% / NACL 0.45% 1	00 29.99	29.99	
11/14/0075108431NAFCILLIN		95.82	95.82	
QUA	NTITY OF 6	en e		20-4
11/14/0075272500PUTASSIUM	CHLORIDE 40MEQ/2	00.8 MO	8.00	
11/14/0040003831SUBCLAVIA	IN DRESSING KITS	11.75	11.75	
11/14/0052009623IV PUMP 2	CHANNEL AND	57.00	57.00	
11/14/0052060221PUMP, PCA		72.00	72.00	
11/14/0065004459MAGNESIUM	I-SERUM	60.00	60.00	
11/14/0065005456COMPREHEN	ISIVE METABOLIC PA	NE 131.00	131.00	
11/14/0075300202RIFAMPIN		5.36	5.36	
11/14/0075348409LEVSIN 0.	125MG TAB	• 95	.95	
11/14/0075991584LISINOPRI		4.30	4.30	
QUA	INTITY OF 2			
11/14/0075991828DICLOFENA	C 75MG TABLET UD	3.31	74 y 3.31	
11/14/0075991894MISOPROST	TOL 200MCG TABLET	UD 1.88	1.88	
_ Professional State of the Control of the Contr			<u></u>	

PLEASE REFER TO PATIENT'S NAME AND ACCOUNT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

PHONE 225/765-8872

DENNIS M DEARIE 15431 RED MAPLE PL

GREENWELL SPRINGS LEAS

FEDERAL I.D. 72-0423651

Hospital Has Private Rooms Only

COMPENSATION

C07

Patient's Name DEARIE	, DENNIS M	Account NBR PORTION ACCORDING TO THE Q16838070-0304 06/05/01 18 SUPPLIED BY YOUR INSU	IS COMPUTED INFORMATION RANCE CARRIER
DATE	REF.NBR	DESCRIPTION TOTAL AMOUNT PORTION	PATIENT PORTION
11/17/0	0399109110	A MANDATED SERVICE CHG IP 30.00 30.00 QUANTITY OF 15	
• •	رون		
•		SUB-TOTAL OF CHARGES 30,921.79 30,921.79	
11/17/0	000114151L	A MANDATED SERV CHG WRITEDF	30.00-
•	P	AID BY LA MANDATED CHG /	
*.	τ.	OTAL PAYMENTS AND ADJUSTMENTS	30.00-
		TOTAL CHARGES AND INSURANCE 30.891.79 30.921.79	
		NOTHING DUE AT THIS TIME	30.00
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PATHOLOGY GROUP OF LOUISIANA A PROFESSIONAL MEDITOR ORPORATION P.O. BOX BATON ROUGE, LOUI-LANA 70884 (225) 769-9993 885-3506 \$5 P1

DENNIS DEARIE 15431 RED MAPLE PL GREENWEL SPGS LA 707393530

Please check box if above address is incorrect. Indicate change(s) on reverse side
- Indicate change(s) on reverse sig

IF PAYING BY CREDIT CARD F	ILL OUT BELOW	
VEA (Exp. Date:	
Card #		
Signature:		
Name of Cardholder:		
STATEMENT DATE F	PAY THIS AMOUNT AC	CT. #

STATEMENT DATE	PAY THIS AMOUNT	ACCT. #	
11/19/2000	\$773.00	L16838070	
Page # 1	SHOW AMOU	UNT \$	

REMIT TO:

PATHOLOGY GROUP OF LOUISIANA P.O. BOX 84030 BATON ROUGE, LA 70884-4030

Haallbaaladadadadaddhaaalbdhaaalbdhaaalbd

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMEN

	DATE CODE DESCRIPTION		
10/28/00	85007	BLOOD COUNT MANUAL DIFFERENTIAL WBC	6.00
10/28/00	80048	BASIC METABOLIC PANEL	19.00
10/28/00	85023	CBC HEMOGRAM, PLATELET COUNT AUTO &MA	14.00
10/28/00	81000	URINALYSIS WITH MICROSCOPY	6.00
10/28/00	82150	AMYLASE	11.00
10/28/00	83690	LIPASE	8.00
10/28/00	80076	HEPATIC FUNCTION PANEL	23.00
10/28/00	87086	CULTURE BACTERIAL URINE QUANTITATIVE	11.00
- 10/28/00	87040	CULTURE BACTERIAL DEFINITIVE BLOOD	_13.00
10/28/00	87040	CULTURE BACTERIAL DEFINITIVE BLOOD	13.00
10/28/00	87797	INFECTIOUS AGENT DETECT NUCLEIC ACID	20.00
· 10/28/00	87797	INFECTIOUS AGENT DETECT NUCLEIC ACID	20.00
10/28/00	87797	INFECTIOUS AGENT DETECT NUCLEIC ACID	20.00
≈10/28/00 🔻	87797	INFECTIOUS AGENT DETECT NUCLEIC ACID	20.00
10/28/00	87186	ANTIBIOTIC SENSITIVITY MIC	12.00
10/28/00	87797	INFECTIOUS AGENT DETECT NUCLEIC ACID	20.00
10/30/00	87040	CULTURE BACTERIAL DEFINITIVE BLOOD	13.00
10/30/00	87040	CULTURE BACTERIAL DEFINITIVE BLOOD	13.00
10/31/00 *	80053	COMPREHENSIVE METABOLIC	21.00
.10/31/00 V	84132	POTASSIUM SERUM	7.00
10/31/00	85023.	CBC HEMOGRAM, PLATELET, COUNT, AUTO &MA	14.00
%1 0/31/00 %	85651	SEDIMENT RATE ERYTHROCYTE NON AUTOMA	6.00
*10/30/00	87797 📜	INFECTIOUS AGENT DETECT NUCLEIC ACID	20.00
%11/01/00	80048	BASIC METABOLIC PANEL	19.00
11/01/00	85023	CBC HEMOGRAM, PLATELET COUNT AUTO &MA	14.00
11/01/00	83735	MAGNESIUM	12.00
<u>3</u> 11/01/00 🍖	87040	CULTURE BACTERIAL DEFINITIVE BLOOD	13.00
#11/01/00	87040	CULTURE BACTERIAL DEFINITIVE BLOOD	13.00
10/30/00	87797	INFECTIOUS AGENT DETECT NUCLEIC ACID	20.00
310/30/00 }	87186	ANTIBIOTIC SENSITIVITY MIC	12.00
11/02/00	80048	BASIC METABOLIC PANEL	19.00
11/02/00	80170	GENTAMICIN	17.00
11/01/00	87797	INFECTIOUS AGENT DETECT NUCLEIC ACID	20.00
11/01/00	87797	INFECTIOUS AGENT DETECT NUCLEIC ACID	20.00
11/03/00	80048	BASIC METABOLIC PANEL	19.00
11/03/00	87040	CULTURE BACTERIAL DEFINITIVE BLOOD	13.00
11/03/00	87040	CULTURE BACTERIAL DEFINITIVE BLOOD	13.00
11/04/00	80048	BASIC METABOLIC PANEL	19.00
11/04/00	85023	CBC HEMOGRAM, PLATELET COUNT AUTO &MA	14.00
11/05/00	85023	CBC HEMOGRAM, PLATELET COUNT AUTO &MA	14.00
11/05/00	85060	BLOOD SMEAR PERIPHERAL W/PHYS REPORT	25.00
		STATEMENT	23.00

12/5/00 Debra Charged

PATHOLOGY GROUP OF LOUISIANA A PROFESSIONAL MEDICATION P.O. BOX BATON ROUGE, LOUISIANA 70884

.

DENNIS DEARIE
15431 RED MAPLE PL
GREENWEL SPGS LA 707393530

Please check box if above address is incorrect. Indicate change(s) on reverse side.

Card #
Signature:
Name of Cardholder:

STATEMENT DATE
PAY THIS AMOUNT
ACCT. #

11/19/2000
\$773.00
L16838070

Page # 2

SHOW AMOUNT
PAID HERE
\$

REMIT TO:

PATHOLOGY GROUP OF LOUISIANA P.O. BOX 84030

BATON ROUGE, LA 70884-4030

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMEN

DATE	CODE	DESCRIPTION	AMOUNT
11/07/00	85023	CBC HEMOGRAM, PLATELET COUNT AUTO &MA	14.00
11/07/00	85651	SEDIMENT RATE ERYTHROCYTE NON AUTOMA	6.00
11/09/00	80048	BASIC METABOLIC PANEL	19.00
11/09/00	85023	CBC HEMOGRAM, PLATELET COUNT AUTO &MA	3.14.00
11/09/00	87040	CULTURE BACTERIAL DEFINITIVE BLOOD	13.00
11/09/00	87040	CULTURE BACTERIAL DEFINITIVE BLOOD	13.00
11/13/00	80053	COMPREHENSIVE METABOLIC	21.00
11/13/00	85023	CBC HEMOGRAM, PLATELET COUNT AUTO &MA	14 00
11/14/00	80053	COMPREHENSIVE METABOLIC	21.00
11/14/00	83735	MAGNESIUM ***	12.00

Patient : DEARIE DENNIS

Account : L16838070

Site :: OUR LADY OF THE LAKE
Ref Phys :: RICHARD TODD COOLEY

Please Pay This

| Amount: | \$ \$ \$7.737.00

For Billing Questions Please Call:

S=2-885-001130-PATH



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P.O. Box 14790 • Baton Rouge • LA 70898-4790

Patient's Name

Account Number

Discharge Date

DEARIE, DENNIS M

016838070-1058 I

02/27/01

03/01/01

06/05/01

PLEASE REFER TO PATIENT'S NAME AND ACCOUNT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE

FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

PHONE 225/765-8872

BILL TO DENNIS M DEARIE 15431 RED MAPLE PL GREENWELL SPRINGS LA 70739-3530

FEDERAL I.D. 72-0423651

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CUMPENSATION

C07

Patient's Name DEARIF DENNIS		Biii Date Page No.	INSURANCE PORTION ACCORDING TO TH SUPPLIED BY YOUR INS	IS COMPUTED IE INFORMATION URANCE CARRIER
POSTING DATE REF NBR	DESCRIPTION SUMMARY OF CHARGES	TOTAL AMOUNT	INSURANCE PORTION	PATIENT PORTION
	PDOM CHARGES			
001	PRIVATE 2 DAYS AT 390.00	780.00	780.00	
	TOTAL OF ROOM CHARG	SES 780.00	780.00	•
•	ANCILLARY CHARGES			
025 027 030 097	PHARMACY CENTRAL SUPPLIES LABORATORY LA MANDATED SERVICE CHARGE	981.07 427.40 409.75 4.00		· .
	TOTAL OF ALL OTHER CHARG	SES 1.822.22	1,822.22	
	ACCOUNT ADJUSTMEN	NTS 4.00-		4.0C-
	TOTAL CHARGES AND INSURAN	NCE 2,598.22	2,602.22	
v.	NOTHING DUE AT THIS TI	IME		4.00-



Patient's Name

DEARIE, DENNIS M

Account Number

016836070-1058

06/05/01

PLEASE REFER TO PATIENT'S NAME AND ACCOUNT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

PHONE 225/765-8872

BILL TO DENNIS M DEARIE 15431 RED MAPLE PL GREENWELL SPRINGS

FEDERAL I.D. 72-0423651

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COMPENSATION

C07

•	705/01 Page No.	INSURANCE PORTION ACCORDING TO THE SUPPLIED BY YOUR INS	IS COMPUTED IE INFORMATION URANCE CARRIER
POSTING DATE REF NBR DESCRIPTION	TOTAL AMOUNT	INSURANCE PORTION	PATIENT
02/27/0136000008PRIVATE T40701	390.00	390.00	PORTION
02/27/0175000810SDDIUM CHLORIDE 0.9% 100ML	40.00	40.00	
QUANTITY OF 2	40.00	40.00	िक राज्य
02/27/0175126607HYDROMORPHONE 2MG/1ML AMP	9.00	9.00	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
02/27/0175991412HYDROMORPHONE 50MG/5ML AMPUL	153.68	153.68	
QUANTITY OF 4	195.00	A 1. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.	
02/27/0140001597SET, IV EXTENSION 7" 4438	5.30	5.30	
02/27/0140002343INSYTE NEEDLE 20G X 1 1/4"	3.20	3.20	25.
02/27/0140003790IV START KIT	5.05	5.05	
02/27/0140060219SET, PCA TUBING	33.50	33.50	
02/27/0140060220SET, PCA EXTENSION	6.80	6.80	\$ 4 1
02/27/0140061842ADAPTER, CLAVE MALE LL	7.65	7.65	e
02/27/0152009621IV PUMP	43.00	43.00	
02/27/0152060221PUMP, PCA	72.00	72.00	
02/27/0165005456CUMPREHENSIVE METABOLIC PANE	131.00	131.00	
02/27/0165301105CBC WITH AUTO DIFF	48.25	48.25	
02/27/0165308109URINALYSIS WITHOUT SEDIMENTA	22.75	22.75	18. T
02/28/0136000008PRIVATE T40701	390.00	390.00	68.7 m 124.5
02/28/0175000018DEX 5% W 100ML	145.86	145.86	enging of The second of the second of
QUANTITY OF 6			* • • • • • • • • • • • • • • • • • • •
02/23/0175000307SDDIUM CHLORIDE 0.9% 500ML	40.00	40.00	
QUANTITY OF 2			
02/29/0175108431NAFCILLIN 2GM VIAL	287.46	287.46	
QUANTITY OF 18		W.	1.0
02/29/0175243907DROPERIDOL 2.5MG/ML 2ML AMP	21.58	21.58	*
QUANTITY OF 2		i	, ·
02/28/0140001688SDD CHL .9% INJ 1000ML	2.70	2.70	
02/29/0140019453IV SET, SECONDARY	5.75	5.75	
02/23/0140019459IV SET, PRIMARY W/O FILTER	10.00	7 10.90	
02/28/0152003621IV PUMP	43.00	43.00	1.1
02/28/0152060221PUMP, PCA	72.00	72.00	
02/28/0165305500SED RATE	23.75	23.75	



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DEARIE, DENNIS M

Account Number 016838070-1058 I

02/27/01

03/01/01

06/05/01

PLEASE REFER TO PATIENT'S NAME AND ACCOUNT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE FUR BILLING INFORMATION CALL

BILL TO DENNIS M DEARIE 15431 RED MAPLE PL GREENWELL SPRINGS LA 70739-3530

BUSINESS OFFICE (EL)

PHONE 225/765-8872

FEDERAL I.D. 72-0423651

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COMPENSATION

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Patient's Name DEARIE, DENNIS M	Account NBR Bill C C C C C C C C C	Date Page No. 5/05/01 2	INSURANCE PORTION ACCORDING TO THE SUPPLIED BY YOUR INS	E INFORMATION
POSTING DATE REF NBR DESCRIPTION		TOTAL AMOUNT	INSURANCE PORTION	PATIENT PORTION
02/28/0175300202RIFAMPIN		10.72	10.72	347,3.3
QUAI	NTITY OF 2	200,2	200.2	1975 4
02/28/0175303267CLONAZEPA	M 1MG TABLET UD	2.25	2.25	
02/28/0175348409LEVSIN 0.	125MG TAB	1.90	1.90	
	NTITY OF 2			
02/28/0175399154ACETAMINO	PHEN 325MG TABLET 2	.80	.80	
	NTITY OF 4	•		
02/28/0175780027VENALFAXII	ME XR 75MG CAP UD	8.68	8.68	
	NTITY OF 2		•	Andrews of the second s
02/28/0175991585LISINOPRI		2.30	2.30	
02/29/0175991597POTASSIUM		2.97	2.97	
	E FO YITIN			
02/28/0175992835GABAPENTI		21.92	21.92	
	NTITY OF 8			
02/28/01759995700XYCODONE		67.20	67.20	and the state of t
	NTITY OF 8			iga-illa di
03/01/0175000018DEX 5% W		48.62	48.62	
03/01/0175108431NAFCILLIN	NTITY OF 2			
•		31.94	31.94	emiliar estados de la compansión de la com La compansión de la compa
03/01/0175243907DROPERIOD	NTITY OF 2	10 70		**************************************
03/01/0140002076ICE BAG	- 2.5 MG/ME ZML AMP	10.79	10.79	
03/01/0152009621IV PUMP	, in the second of the second	5.15	5.15	
03/01/0152060221PUMP, PCA	•	43.00	43.00	
03/01/0165004459MAGNESIUM-	-SERIIM	72.00 60.00	72.00	74.1 1
03/01/0165005450METABULIC		124.00	60.00 124.00	42
03/01/0175300202RIFAMPIN		5.36	5.36	
03/01/0175348409LEVSIN 0.		•95	•95	
03/01/0175399154ACETAMIND		•40	•40	
•	NTITY OF 2	•40	• ** 0	•
03/01/0175780027VENALFAXI	ME XR 75MG CAP UD	8.68	8.68	•
	NTITY OF 2			
03/01/01/5991585LISINOPRT	L 20MG TAB UD	2.30	2.30	,



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DEARIE, DENNIS M

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BUSINESS OFFICE (EL)

BILL TO DENNIS M DEARIE "15431 RED MAPLE PL GREENWELL SPRINGS LA

FEDERAL I.D. 72-0423651

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COMPENSATION

C07

Patient's Name DEARIE,		Account NBR 016838070	-1058 Bill Date 06/	Page No. 3	INSURANCE PORTION ACCORDING TO THE SUPPLIED BY YOUR INS	IS COMPUTED IE INFORMATION URANCE CARRIER
	REF NBR DESCRIPT			TOTALPAMOUNT	INSURANCE PORTION	PATIENT PORTION
03/01/01/5	991597POTASSIL	JM CHLORIDE 2 JANTITY OF	OMEQ TAB	2.97	2.97	
03/01/0175	5992835GABAPENT			16.44	16.44	
03/01/01 7 9	19995 700XYC 0	JANTITY OF	_6			
03/01/01/2		IE SA 4UMG TA JANTITY OF	ម 4 .	33.60	33.60	
03/04/0139	9910911LA MANDA	TED SERVICE	CHG IP	4.00	4.00	
	QL	JANTITY OF	2			
		SUB-TOTAL O	F CHARGES	2,602-22	2,602.22	
03/04/0100	11141511 A MANO					
03/04/0100	0114151LA MANDA PAID BY	LA MANDATED	CHG /			4.00
			السابيطة عبر ا	and the second of		
- -	TUTAL PA	YMENTS AND A	DJUSTMENTS			4.00
	TOTAL	CHARGES AND	INSURANCE	2,598.22	2,602.22	
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		THE DOL AT	inis line,			4.00
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HOSPITAL TICES

Patient's Name

Account Number

Admission Date Discharge

Date

DEARIE, DENNIS M

016838070-2022 I

01/22/02

03/02/02 03/05/02

FLERED AD 1710 BY THE BUSINESS AND ADDRESS ON ALL HAZD HIRD AND LITTLE FRANCISCOPIES AND LITTLE

BUSINESS OFFICE (EL)

PHONE 225/765-8872

BILL TO

DENNIS M DEARIE 15431 RED MAPLE PL GREENWEL SPGS

LA 70739-3530

FEDERAL I.D. 72-0423651

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TRANSPROPERTY PLEASE METACHERS TO HEAR HER CONSTRUCTION OF STATEMENT WITH MODELERS HANCE TO ACCURE FOR SHOULD ALL LOSS.

COMPENSATION

C07

•	DENNIS	M 916838070-2022 03/	05/025 <mark>M01</mark>	INSURANCE PORTION IS COMPUTED ACCORDING TO THE INFORMATION SUPPLIED BY YOUR INSURANCE CARRIER
POSTING DATE	REF NBR	DESCRIPTION SUMMARY OF CHARGES	TOTAL AMOUNT	INSURANCE PATIENT PORTION PORTION
		ROOM CHARGES		
	001	PRIVATE		
		39 DAYS AT 390.00	15,210.00	15,210.00
		TOTAL OF ROOM CHARGES	15,210.00	15,210.00
		ANCILLARY CHARGES		·
	024	PHARMACY-SPECIAL	240.00	240.00
		PHARMACY	26,681.40	
	026	IV THERAPY/SUPPLIES	95.00	
	027	CENTRAL SUPPLIES	8,407.73	
		LABORATORY	6,949.75	
		PATHOLOGY-LAB	76.00	76.00
	032	X-RAY SERVICES	3,122.00	
		NUCLEAR MEDICINE	1,982.00	
	035	CT SCAN	2,294.00	
		O.R. SERVICES	4,872.00	4,872.00
		ANESTHESIA SERVICES	441.00	441.00
		BLOOD / PROCESSING	310.00	310.00
			913.00	913.00
		RECOVERY ROOM	2,659.30	
		OTHER THERAPUTIC SERVICES	315.00	[*] 315.00
	097	LA MANDATED SERVICE CHARGE	78.00	78.00
		TOTAL OF ALL OTHER CHARGES	59,436.18	59,436.18





Account Number

Discharge

DEARIE, DENNIS M

016838070-2022 I

01/22/02

03/02/02

03/05/02

FLEASON OF THE BROKE A BLANCE WAS ACCOUNT MURBER ON ALL FROM PIES ARE OWN SERVICION DEACH FOR BILLING INFORMATION CALL

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PHONE 225/765-8872

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DENNIS M DEARIE 15431 RED MAPLE PL

GREENWEL SPGS

LA 70739-3530

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TERM SPECIAL TO PLEASE METACHINATION HAS HELD CONFORMULATION STATEMENT WITH MOUS BOM HANGE TO ADEATH MIGH, O GROOM

COMPENSATION

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INSURANCE BENEFITS ASSIGNED

Patient's Name

DEARIE, DENNIS M

016838070-2022

ACCOUNT ADJUSTMENTS

, Page No. 03/05/02SM02 INSURANCE PORTION IS COMPUTED ACCORDING TO THE INFORMATION SUPPLIED BY YOUR INSURANCE CARRIER

POSTING DATE

REF NBR

DESCRIPTION

TOTAL AMOUNT

INSURANCE PORTION

PATIENT PORTION

78.00-

78.00-

TOTAL CHARGES AND INSURANCE

74,568.18

74,646.18

NOTHING DUE AT THIS TIME

78.00-



HOSPITAL TICES

Petient's Name

Account Number

Date

Date Discusinge

Date

DEARIE, DENNIS M

016838070-2022 I 01/22/02

03/02/02 0

03/05/02

* LEASE OF THIS BY UN BOARD ACCOUNT AT MADER ON ALL HADDERS ARE CONTRACTANCE OF THE FORMATION CALL

BUSINESS OFFICE (EL)

PHONE 225/765-8872

BILL TO

DENNIS M DEARIE 15431 RED MAPLE PL

GREENWEL SPGS LA 70739-3530

FEDERAL I.D. 72-0423651

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THE STREET PLEASUREMENT OF BUILDING COMMONDS OF SERVICES STREET, PARK YOUR HER LANGUE TO ROBERS FROM SERVICES

COMPENSATION

C07

Patient's Name DEARIE, DENNIS M	Account NBR 016838070-2022	Birl Date Page	Ma. ACCORDING TO	RTION IS COMPUTED THE INFORMATION IR INSURANCE CARRIER
POSTING			: (NSURANCE	PATIENT
DATE REF NBR DESCRIPTION		TOTAL AMOUN		PORTION
01/22/0232000002PRIVATE	. 0560			
01/22/0275124156MEPERIDIN		10.		
01/22/0275993600MIRTAZAPI		24.	30 24.30)
	NTITY OF 3			•
01/22/0265005456COMPREHEN)
01/22/0265301105CBC WITH A	AUTO DIFF	48.	25 48 . 25	5
01/22/0265305500SED RATE		23.	75 23.75	5
01/22/0265600454CRP		47.	50 47.50)
01/22/0281700475CT-LUMBAF	RSPINE W/O CONTRA	AST 1.,058.	00 1,058.00	
01/22/0275303267CLONAZEPA	M1MG TABLET UD	11.	40 11.40)
QUA	NTITY OF 2			
01/22/0275303269CLONAZEPA	M 2MG TABLET UD	7.	80 7.80)
01/22/0275348409LEVSINO.:	125MG TAB	1.	00 1.00)
01/22/0275780490TRILEPTAI	300MG TABLET UD	6.	60 6.60)
01/22/0275980930TEMAZEPAN		5 ⁻ .)
01/22/0275991584LISINOPRI	L10MG TABLET UD	3.		
01/22/0275991597POTASSIUN				
01/22/0275992826VENLAFAXI				
	NTITY OF 3			
01/22/0275999574TIZANIDIN		3.	90 3.90)
01/23/0232000002PRIVATE	0560		•	
01/23/0275124156MEPERIDIN		30.		
	NTITY OF 3			
01/23/0275269753PROMETHAZ		MP 8.	50 8.50	
01/23/0275780171LOVENOX 60		451.		
	NTITY OF 3	.02.	•	
01/23/0275992487FENTANYL		EA 385.	20 385.20	1
	NTITY OF 2	11. 300.	20 300.2	•
01/23/0275993422HYDROMORI		ML 20.	00 20.00	1
	NTITY OF 2			
01/23/0275993600MIRTAZAP		24.	30 24.30	o
	NTITY OF 3	24.	24.5	-
01/23/0284100023HEPARINL		21.	00 21.0	o
				_



HOSPITAL

Account Number

01/22/02

DEARIE, DENNIS M

016838070-2022 I

03/02/02

03/05/02

FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

PHONE 225/765-8872

BILL TO

DENNIS M DEARIE 15431 RED MAPLE PL FEDERAL I.D. 72-0423651

GREENWEL SPGS

LA 70739-3530

Hospital Has Private Rooms Only

TENNESPECIAL PLEASE PETACHIANT OF THEN HELD CONTROL LATER STATEMENT WITH MOUNTAIN HANCE TO ACCUSE A MICH. IT CHELDS

COMPENSATION

C07

Patient's Name DEARIE,	DENNIS	M 0168380	70-2022	Bifl Date Page No. 2	INSURANCE PORTION ACCORDING TO TH SUPPLIED BY YOUR INS	E INFORMATION
POSTING DATE	REF NBR	DESCRIPTION		TOTAL AMOUNT	INSURANCE	PATIENT
		7SET, IV EXTENSION	7" 4438	TOTAL AMOUNT 5.30	PORTION 5.30	PORTION
01/23/02	4000234	4INSYTENEEDLE 22G	, 4430 V 111	10.05	10.05	
, , , , , , , ,		QUANTITY OF	3	10.05	10.05	
01/23/02	4000379	OIV START KIT	3	5.05	5.05	
		2ADAPTER, CLAVE MAL	R T.T.	7.65	7.65	•
		7CLONAZEPAM1MG TAB		11.40	11.40	
, ,		QUANTITY OF	2	11.40	11.40	
01/23/02	7534840	9LEVSIN 0.125MG TAB		2.00	2.00	
, ,		QUANTITY OF	2		_,,,,	
01/23/02	7578049	OTRILEPTAL 300MG TA		6.60	6.60	
		OTEMAZEPAM 30MG CAP		5.00		
01/23/02	7599158	4LISINOPRIL10MG TA	BLET UD	7.20	7.20	
		QUANTITY OF	2	•		
01/23/02	7599159	7POTASSIUM CHLORIDE	20MEQ T	AB 4.20	4.20	
		QUANTITY OF	2			
01/23/02	7599282	26VENLAFAXINE 75MG T	ABLET UD	14.40	14.40	•
		QUANTITY OF	3			
		4TIZANIDINE 4MG TAB		3.90	3.90	
		2PRIVATE	0560	01 390.00	390.00	
01/24/02	7526975	3PROMETHAZINE 25MG/		MP 17.00	17.00	
01/01/00		QUANTITY OF	2			
01/24/02	7578016	9LOVENOX 80 MG PFS		301.40	301.40	
01/04/00		QUANTITY OF	2			
01/24/02	7599342	22HYDROMORPHONE 1MG		ML 50.00	50.00	
01/04/00	7500060	QUANTITY OF	5			
01/24/02	7599360	OMIRTAZAPINE 15MG T.	AB	24.30	24.30	
01/04/00	041000	QUANTITY OF	3		• • • • •	
		3HEPARINLOCK INSER		21.00	21.00	
01/24/02	4000133	7SET, IV EXTENSION 14INSYTENEEDLE 22G	/" 44 <i>3</i> 8		5.30	
01/24/02	4000234	OIV START KIT	ν т	3.35	3.35	
		2ADAPTER, CLAVE MAL	P. T.T	5.05 7.65	5.05 7.65	
01/24/02	6530390	1 PTT	ىي ت	33.00	7.65	
,, 02		****		33.00	33.00	





DEARIE, DENNIS M

Account Number

Billing Date 03/05/02

PHONE 225/765-8872

016838070-2022 I

03/02/02

F. SCIENCE CINC FOR THE REASON AND ACCOUNT MERCHES ON ALL PARTS FROM CHIEF THE PROPERTY OF THE

BUSINESS OFFICE (EL)

BILL TO

DENNIS M DEARIE 15431 RED MAPLE PL GREENWEL SPGS

LA 70739-3530

FEDERAL I.D. 72-0423651

Hospital Has Private Rooms Only

WHICH TO PLEASE PETACHINATION THE HIS HILL GOVERNOR LATER STATEBORD WITE YOUR ASK HANGS TO RESULT - PROPER UP LOS

COMPENSATION

C07

Patient's Name	DENNIS	V	Account NBR 016838070-20	Birli Date	OF (OR Page No.	INSURANCE PORTION ACCORDING TO T	HE INFORMATION
•	DENNIS	M	p16636070-20	122 03/	05/02 3	SUPPLIED BY YOUR IN:	SUHANCE CARRIER
POSTING DATE	REF NBR	DESCRIPTION			TOTAL AMOUNT	INSURANCE PORTION	PATIENT PORTION
01/24/02					29.00	29.00	FORTION
		OSPINE-LUMB	ARSURVEY		195.00	195.00	
		9NM-GM-67/G	ALLIUM (PER M	CI)	240.00	240.00	
01/24/02	6521412	2 · -	ARMLOC TUMOR	WHOT.	515.00	515.00	•
			11MG TABLET U		11.40	11.40	
01,21,01	.,050520		CITY OF 2		11.40	11.40	
01/24/02	27534840	9LEVSIN 0.12			2.00	2.00	
,,		•	CITY OF 2		_,,,		
01/24/02	27578002		EXR 75MG CAP	מט י	30.40	30.40	
01/24/01	7579046		FITY OF 4 BOOMG TABLET	T III \	6 60	6 60	
			NE25MG TABLET		6.60 1.00	6.60 1.00	
		OTEMAZEPAM 3		ט	5.00	5.00	
			10MG TABLET	tπ	3.60	3.60	
			CHLORIDE 20ME		4.20	4.20	
02,21,01			CITY OF 2	.×	4.20		
01/24/02	27599957	4TIZANIDINE			3.90	3.90	
		2PRIVATE		56001	390.00	390.00	
			GNETICCONTR	20 ML	256.00	256.00	
		5LORAZEPAM 2		•	51.90	51.90	
01/25/02	27526975		NE25MG/ML 1M	L AMP	25.50	25.50	
01/25/01	7570014		rity of 3		201 40	. 201 40	
01/25/02	2/3/6016	9LOVENOX 80 QUAN	rity of 2		301.40	301.40	
01/25/02	27599342	22HYDROMORPH	ONE 1MG AMPUI	1 ML	80.00	80.00	
01/25/0	27599360	OMIRTAZAPIN	E15MG TAB		24.30	24.30	
01/25/09	24000013		FITY OF 3 JZE 4X4 10/PK	16DT	2.00	2.00	
			FLEX WHITE 7.		1.65	1.65	
		9BLADE, SUR		_	1.00	1.00	
			BETADINE 4 OZ	?	2.55	2.55	
-,,				-		2.30	





DEARIE, DENNIS M

Account Number

016838070-2022 I

01/22/02

Discharge Date

03/02/02 03/05/02

FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

PHONE 225/765-8872

BILL TO

DENNIS M DEARIE 15431 RED MAPLE PL GREENWEL SPGS

LA 70739-3530

FEDERAL I.D. 72-0423651

Hospital Has Private Rooms Only

WHAT SPEAKER PLEAKE DETACH AND THE FIRM HIS CONTRACT LATERS STATEMENT WITH MOUTHOR HANGE TO ROSETT MOULT ALSO

COMPENSATION

C07

Patient's Name DEARIE, DENNIS M	Account NBR 916838070-2022	Bid Date Page No. 03/05/02 4	INSURANCE PORTION ACCORDING TO TO SUPPLIED BY YOUR IN	
POSTING			INSURANCE	PATIENT
DATE REF NBR DESCRIPTION	T A CERTAMENT	TOTAL AMOUNT	PORTION	PORTION
01/25/0240052444BUNNY SET		43.50	43.50	
01/25/0265004459MAGNESIU 01/25/0265005450METABOLIC		60.00	60.00	
01/25/02653013450METABOLIC		124.00	124.00	
01/25/028190103CBC WITH 01/25/0281901022MRI-LUMB		48.25	48.25	•
			1,877.00	
01/25/0265213829NM-GALLI		407.00	407.00	
01/25/0275303267CLONAZEPA		11.40	11.40	
	NTITY OF 2	2 22		
01/25/0275348409LEVSIN 0.		3.00	3.00	
01/25/0275780027VENALFAX	NTITY OF 3	20.40	20.40	
		30.40	30.40	
	NTITY OF 4	6 60	c co	
01/25/0275780490TRILEPTA 01/25/0275980319WARFARIN		6.60	6.60	
			2.40	
01/25/0275980893PROMETHA		1.00	1.00	
01/25/0275980930TEMAZEPA		5.00	5.00	
01/25/0275981076ALPRAZOL		7.60	7.60	
	NTITY OF 2	- 00	5 00	
01/25/0275991584LISINOPR		7.20	7.20	
	NTITY OF 2			
01/25/0275991597POTASSIU		'AB 4.20	4.20	
	NTITY OF 2		2 22	
01/25/0275999574TIZANIDI:		3.90	3.90	
01/26/0232000002PRIVATE	0560		390.00	
01/26/0275269753PROMETHA		MP 25.50	25.50	
~	NTITY OF 3			
01/26/0275780169LOVENOX8		301.40	301.40	
	NTITY OF 2		225 22	
01/26/0275992487FENTANYL		EA 385.20	385.20	
	NTITY OF 2		60.00	
01/26/0275993422HYDROMOR		ML 60.00	60.00	
QUA	NTITY OF 6			



HOSPITAL VICES

Patient's Name

Account Number

Date

Date

03/05/02

DEARIE, DENNIS M

016838070-2022 I 01/22

03/02/02

PHONE 225/765-8872

FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

.

BILL TO

DENNIS M DEARIE 15431 RED MAPLE PL GREENWEL SPGS

LA 70739-3530

FEDERAL I.D. 72-0423651

Hospital Has Private Rooms Only

2004 SPEATO PLEASE NETACHENT OF EARN A ELICIPPONICIO (A 1.5) STRAFFARM WAS NOUS ASSETTANDE TO ACCUSE OF PROPERTY AND A COLOR

COMPENSATION

C07

Patient's Name DEARIE,	DENNIS	М	Account NBR 016838070-202	Bill Date 22 03/05/02	Page No.	ACCORDING	PORTION IS COMPUTED TO THE INFORMATION OUR INSURANCE CARRIER
POSTING DATE	REF NBR	DESCRIPTION				INSURANCE	PATIENT
		OMIRTAZAPI	NE15MC TAD		AMOUNT 24.30	PORTION 24.	PORTION
01/20/02	,,,,,,,,,,,		TITY OF 3		24.30	24.	
01/26/02	6500545		SIVEMETABOLIC	DANE 1	31.00	131.	00
			CATHETER TIP		51.25	51.	
		5CBC WITH A			48.25	48.	•
01/26/02					29.00	29.	
		OSED RATE			23.75	23.	
			M1MG TABLET UD		11.40	11.	
			TITY OF 2				
01/26/02	7534840	9LEVSIN 0.1	.25MG TAB		2.00	2.	00
			TITY OF 2				
01/26/02	7578002	7VENALFAXI	MEXR 75MG CAP	סט	.30.40	30.	40
			TITY OF 4	,			
			300MG TABLET U	D .	6.60	6.	60
			30MG CAP UD		5.00	5.	00
			L10MG TABLET U		3.60	3.	60
01/26/02	7599159		CHLORIDE 20MEQ	TAB	4.20	4.	20
05 (05 (05			TITY OF 2		•		
		4TIZANIDIN			3.90	3.	
		2PRIVATE		•	90.00	390.	
01/2//02	1526975		ÍNE25MG/ML 1MI	AMP	34.00	34.	00
01/27/02	7579014	QUAN 9LOVENOX 80	TITY OF 4	_		201	4.0
01/2//02	7576016			3	301.40	301.	40
01/27/02	7599342		TITY OF 2 HONE1MG AMPUL	1 1/17	60.00	60	00
01/21/02	. 1333342		ITITY OF 6	1 MT	60.00	60.	00
01/27/02	7599360	OMIRTAZAPI			24.30	24.	30
01/21/02	. , 555566		TITY OF 3		24.30	24.	30
01/27/02	4000159	7SET, IV EX		38	5.30	5.	30
01/27/02	4000234	4INSYTE NEE	DLE 22G X 1"		6.70	6.	
-, = ·,			TITY OF 2	•	3.75		•
01/27/02	4000379	OIV START F			5.05	5.	05
			LAVE MALE LL		7.65	7.	
		· ·					



HOSPITAL

Account Number

01/22/02

DEARIE, DENNIS M

016838070-2022 I

03/02/02

03/05/02

RESERVED INTO PROCENE AND REPORTED ACCOUNT FERBURION ALL ARGUMES AND CONTRACTORDERS. FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

PHONE 225/765-8872

BILL TO

DENNIS M DEARIE 15431 RED MAPLE PL

GREENWEL SPGS

LA 70739-3530

FEDERAL I.D. 72-0423651

Hospital Has Private Rooms Only

TRANSPORTO PLEASE DETACHANDO FOR HAN ALL CARACTERS (AT 4.8 STATEMENT WITH YOUR ARM HANGE TO ADSIDE TROOP, IT CALLSO

COMPENSATION

C07

Patient's Name: DEARIE .	DENNIS	м	Account NBR 016838070-	2022	Bitl Date Page No. 6	ACCORDING	PORTION IS COMPUTED TO THE INFORMATION
·			p10030070 .	2022	03/03/02 6	SUPPLIED BY Y	OUR INSURANCE CARRIER
POSTING DATE	REF NBR	DESCRIPTION			TOTAL AMOUNT	INSURANCE	PATIENT
01/27/02	6530031	3BLEEDING T	ME-SIMPLAT	F.	50.75	PORTION 50.	PORTION 7.5
01/27/02	6530390	1PTT		_	33.00	33.	
01/27/02					29.00		
		7CLONAZEPAM	1MG TABLET	UD	11.40	11.	
			CITY OF 2		22.10		,
01/27/02	7534840	9LEVSIN 0.12			2.00	2.0	20
			CITY OF 2	2	2.00	- • ·	
01/27/02	7578002	7VENALFAXIM	EXR 75MG CA	AP UD	30.40	30.	40
			CITY OF 4		337.13		••
01/27/02	7578049	OTRILEPTAL	BOOMG TABLET	מט ז	6.60	6.	60
01/27/02	7598093	OTEMAZEPAM 3	BOMG CAP UD		5.00	5.0	
01/27/02	7599158	4LISINOPRII	10MG TABLET	מט יו	7.20	7.:	
		QUAN	CITY OF 2	2			
01/27/02	7599159	7POTASSIUM	THLORIDE 201	ÆQ TA	B 4.20	4.:	20
		QUAN'	CITY OF 2				
		4TIZANIDINE	4MG TAB		3.90	3.	90
		2PRIVATE		05600	390.00	390.	00
		4DEX 5% W 25		,	35.00	35.	00
01/28/02	7512660	7HYDROMORPH	ONE 2MG/1ML	AMP	10.00	10.	00
01/28/02	7512665	6HYDROMORPH	ONE 4MG/1ML	AMP	10.60	10.	60
01/28/02	7518681	7FENTANYL 0		AMP	5 3.60	53.	60
			CITY OF 4				
01/28/02	7520988	2BUPIVACAIN	E0.25% W/E	PI 10M	IL 17.70	17.	70
01/28/02	7526975	3PROMETHAZI	NE25MG/ML 1	ML AM	IP 8.50	8.	50
01/28/02	7578016	9LOVENOX 80	MG PFS		150.70	150.	70
01/28/02	7578060	30NDANSETRO		INJ.	113.60	113.	60
			CITY OF 4	ļ			
01/28/02	7599138	8VANCOMYCIN			94.80	94.	80
01/01/01			CITY OF 4				
01/28/02	7599234	3KETOROLAC1			59.00	59.	00
01/00/00	75000=-		CITY OF 2			•	
01/28/02	7599251	2MIDAZOLAM1	.MG/ML 2ML N	$\mathbf{\Phi}\mathbf{\Lambda}$	10.00	10.	00



HOSPITAL VICES

Petient's Name

Account Number

LA 70739-3530

Admission Date Discharge Date

Billing Date

DEARIE, DENNIS M

016838070-2022 I 01/22/02

03/02/02

03/05/02

* ENGLASIAN AND MALES AND ACCOUNT MEMBER ON ALL ACCIDIES AMOUNT PRANCHING INFORMATION CALL

BUSINESS OFFICE (EL)

PHONE 225/765-8872

BILL TO

DENNIS M DEARIE 15431 RED MAPLE PL GREENWEL SPGS FEDERAL I.D. 72-0423651

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COMPENSATION

C07

Patient's Name DEARIE ,	DENNIS	м	ACCOUNT NBR 016838070-2022	Date 03/05/02	Page No.	ACCORDING TO	TION IS COMPUTED THE INFORMATION R INSURANCE CARRIER
POSTING DATE	REF NBR	DECORIDATION			:	INSURANCE	PATIENT
		DESCRIPTION	ONE1MG AMPUL 1		MOUNT	PORTION	PORTION
01/20/02	. 1399342		CITY OF 3	ML	30.00	30.00	
01/29/02	7500260	QOAN OMIRTAZAPIN			04 00	04 20	•
01/28/02	.7399360				24.30	24.30	,
01/28/02	400000				0 55	0 FE	•
01/28/02	400000.		NDAID X-LARGE		2.55	2.55	
01/29/02	400001	QUAN STERISTRIP			4 10	4 10	
					4.10	4.10	
			JZE RAYTEC 4X4		2.60	2.60	
			'APE 3" PER ROLI	_	15.50	15.50	
		3POSITIONER			3.55	3.55	
			, PROTECTOR ELBO		8.45	8.45	
			ON 20 FT STERI		5.90	5.90	
			LEX WHITE 6.5	•	1.65	1.65	
			LEX WHITE 7.5		1.65	1.65	
		BIDRAPE, TABI			6.65	6.65	j
01/28/02	400015		RIDRAPE 18X24		75.60	75.60)
			CITY OF 8				
01/28/02	24000154	13GOWN, SCRUE	B LARGE PAPER		21.00	21.00)
			CITY OF 2				
			NGERS INJ USP 1	L00	3.35	3.35	5
01/28/02	400023	54NEEDLE, OR/	ER 18GA X 1.5		3.40	3.40)
		QUANT	CITY OF 4				
01/28/02	400023	94SYRINGE, LU	ERLOCK CONTROL:	12C	11.20	11.20)
		QUANT	CITY OF 14				
01/28/02	4000374	42BENZOIN, TI	NCTURE AMPULE	ВМ	2.85	2.85	5
01/28/02	2400064	57SOLUTION, D	URAPREP		21.00	21.00)
01/28/02	2400165	54GLOVE, BIOG	EL WHITE 7.5		22.05	22.05	5
		QUANT	CITY OF 3				
01/28/02	2400194	56IV SET, BLO	OOD PUMP		26.00	26.00	
			O.R. STERILE		31.75	31.7	
		54DRAPE, LAP		•	23.25	23.25	
			600 C-ARM DRAP		37.00	37.00	="
		•					





DEARIE, DENNIS M

Account Number

01/22/02

Discharge Date 03/02/02

Billing Date 03/05/02

FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

016838070-2022 I

PHONE 225/765-8872

BILL TO

DENNIS M DEARIE 15431 RED MAPLE PL

GREENWEL SPGS LA 70739-3530

FEDERAL I.D. 72-0423651

Hospital Has Private Rooms Only

TRACTIFICATION PLEASE DETACHANTON BUSIN BULL CONFORMAL LATING STATEMENT WITH MOUNTAGE FRANCE TO ACSULE MEDICALLIAN

COMPENSATION

C07

Patients Name DEARIE, DENNIS M	Account NBR 916838070-2022	Bifl Date Page No. 8	INSURANCE PORTION ACCORDING TO THE SUPPLIED BY YOUR INS	HE INFORMATION
POSTING			INSURANCE	PATIENT
DATE REF NBR DESCRIPTION		TOTAL AMOUNT	PORTION	PORTION
	ANTITY OF 30	144.00	144.00	
01/28/0250000745SENSOR,		14.00	14.00	
01/28/0250000782ANES. MO		251.00	251.00	
01/28/0250001353TUBE, EN	DO 2.0-9.5 FR	22.50	22.50	•
01/28/0250001452TIP, YAN		1.60	1.60	
01/28/0250002252VENTILAT	OR	12.50	12.50	
01/28/0250002372NEEDLE,	SPINAL 18-19GA/3	5 3.80	3.80	
01/28/0250002374NEEDLE,			14.10	
QU	ANTITY OF 3			
01/28/0250016841SENSORG	UARD BANDAGE, ADUI	LT 5.30	5.30	
01/28/0250030829FILTER,		3.65	3.65	
01/28/0265101305GRAM STA	IN	77.00	77.00	
QU	ANTITY OF 2			
01/28/0265102501VIRUS CU	LTURE	76.00	76.00	
01/28/0265106090AFB SMEA	R	39.50	39.50	
01/28/0265106095KOH PREP		29.00	29.00	
01/28/0265106171CULTURE		SS 116.00	116.00	
01/28/0265107104CULTURE		146.00	146.00	
QU	ANTITY OF 2		-	
01/28/0265107203FUNGUS C	ULTURE	87.00	87.00	
01/28/0265107658CULTURE		116.00	116.00	
01/28/0265107898CULTURE	, AFB	87.00	87.00	
01/28/0265117658GRIND TI	SSUE	26.00	26.00	
01/28/0265117898CONCENT		27.00	27.00	
01/28/0265120337BACTERIA		19.25	19.25	
01/28/0265126177SUSCEPT		23.75	23.75	
01/28/0265305005PT	_	29.00	29.00	
01/28/0280002850SPINE-L	MBARSURVEY	195.00	195.00	
01/28/0280010122FLUORO P		143.00	143.00	
01/28/0270000012SURGERY		1,457.25	1,457.25	
QU	ANTITY OF 67	= , = 	- , -	•



HOSPITAL (TICES

Petient's Name

Account Number

Admission Date Discharge Date

Billing Date

DEARIE, DENNIS M

016838070-2022 I

01/22/02

03/02/02 03

03/05/02

FOR RILLIANG THROUGH DATE OF STATE OF S

FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

PHONE 225/765-8872

BILL TO

DENNIS M DEARIE 15431 RED MAPLE PL GREENWEL SPGS

LA 70739-3530

FEDERAL I.D. 72-0423651

Hospital Has Private Rooms Only

TRANSPORTE PLEASE PETACHINATION FOR HIS TO POSTER AND ALL OF THE STATE OF THE STATE

COMPENSATION

C07

Palient's Name DEARIE, DENNIS M	Account NBR 916838070-2022	Bif Date Page No. 9		N IS COMPUTED HE INFORMATION SURANCE CARRIER
POSTING		· :	INSURANCE	PATIENT
	CRIPTION	TOTAL AMOUNT	PORTION	PORTION
01/28/0250000305GEN.	ANESTH. EA SUCCEEDING	M 27.00	27.00	
01 /09 /00500007350388	QUANTITY OF 27	4 05	4 05	
	I, IV CATHLON 14-24 GA	1.95	1.95	
01/28/0250001759KIT,		13.50	13.50	•
01/28/0240001546GOWN	I, SCRUB X-LARGE PAPER QUANTITY OF 3	40.50	40.50	
01/28/0240006437PEN,		4.05	4.05	
01/28/0240017251GLOV		14.80	14.80	
01/20/02/001/201020	QUANTITY OF 2	14.60	14.00	
01/28/0240019500GLOV		7.40	7.40	
01/28/0270001056ORTH	O SUPPLIES	3,900.00	3,900.00	
01/28/0283330021RECO		876.80	876.80	
	QUANTITY OF 137			
01/28/0275303267CLON	AZEPAM1MG TABLET UD	11.40	11.40	
•	QUANTITY OF 2			
01/28/0275348409LEVS	SIN 0.125MG TAB	2.00	2.00	
·	QUANTITY OF 2			
01/28/0275780027VENA	LFAXIMEXR 75MG CAP UD	30.40	30.40	
	QUANTITY OF 4			
01/28/0275780490TRII	EPTAL 300MG TABLET UD	6.60	6.60	
01/28/0275980893PRON	ETHAZINE25MG TAB UD	1.00	1.00	
01/28/0275980930TEM		5.00	5.00	
	NOPRIL10MG TABLET UD	3.60	3.60	
01/28/0275991597POTA	ASSIUMCHLORIDE 20MEQ TA	AB 4.20	4.20	
	QUANTITY OF 2			
01/28/0275999574TIZ	ANIDINE 4MG TAB	3.90	3.90	
01/29/0232000002PRIV		01 390.00	390.00	
	CINYLCHOLINE 20MG/10ML		18.80	
01/29/0275269753PRON	ŒTHAZINE25MG/ML 1ML A	MP 8.50	8.50	
01/29/0275780169LOVE	NOX 80 MG PFS	301.40	301.40	
	QUANTITY OF 2			
01/29/0275992487FENT	TANYL 75MCG/HR PATCH 1 :	EA 385.20	385.20	
	QUANTITY OF 2			





DEARIE, DENNIS M

Account Number

01/22/02

03/02/02 03/05/02

FIRST OF THIS BY THE BOARD AND ACCOUNT FURSHING THE BOARD OF THE BOARD

FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

PHONE 225/765-8872

BILL TO

DENNIS M DEARIE 15431 RED MAPLE PL GREENWEL SPGS LA 70739-3530

016838070-2022 I

FEDERAL I.D. 72-0423651

Hospital Has Private Rooms Only

TENSOR TO PLEASE METACHINATION SISN OF LONGOVERNING AT HE STATEBORD WITH YOUR FACE HANGS TO RESELT: STOP OF CALLS

COMPENSATION

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Patient's Name DEARIE ,	DENNIS		9ifi Date Page No. 03/05/02 10	INSURANCE PORTION ACCORDING TO TH SUPPLIED BY YOUR INS	IS COMPUTED E INFORMATION URANCE CARRIER
POSTING DATE	REF NBR	DESCRIPTION		INSURANCE	PATIENT
		DESCRIPTION 22HYDROMORPHONE1MG AMPUL 1 M	TOTAL AMOUNT	PORTION	PORTION
01/29/02	.7399342		L 80.00	80.00	
01/00/00	7500260	QUANTITY OF 8	04 00	04 00	
01/29/02	7599360	OMIRTAZAPINE15MG TAB	24.30	24.30	
01/29/02	6530500	QUANTITY OF 3	00.00	00 00	
			29.00	29.00	
		OOSED RATE	23.75	23.75	
01/29/02			47.50	47.50	
01/29/02	7530326	7CLONAZEPAM1MG TABLET UD	11.40	11.40	
01 /00 /00	7504046	QUANTITY OF 2			
01/29/02	7534840	9LEVSIN 0.125MG TAB	2.00	2.00	
04 /00 /00		QUANTITY OF 2			
01/29/02	7578002	7VENALFAXIMEXR 75MG CAP UD	30.40	30.40	
01 /00 /00	=====	QUANTITY OF 4			
		OTRILEPTAL 300MG TABLET UD	6.60	6.60	
		9WARFARIN SODIUM 5MG TAB UD	2.40	2.40	
		OTEMAZEPAM30MG CAP UD	5.00	5.00	
01/29/02	7599158	34LISINOPRIL10MG TABLET UD	7.20	7.20	
		QUANTITY OF 2			
01/29/02	7599159	7POTASSIUMCHLORIDE 20MEQ TA	B 4.20	4.20	
		QUANTITY OF 2			
		4TIZANIDINE 4MG TAB	3.90	3.90	
		2PRIVATE 05600		390.00	
01/30/02	7526975	33PROMETHAZINE25MG/ML 1ML AM	P 17.00	17.00	
		QUANTITY OF 2			
01/30/02	7578016	9LOVENOX 80 MG PFS	301.40	301.40	
		QUANTITY OF 2	•		
01/30/02	7589820	SSODIUM CHLORIDE .9% VIAL 2M	L 8.50	8.50	
01/30/02	7599342	22HYDROMORPHONE1MG AMPUL 1 M	L 60.00	60.00	
		QUANTITY OF 6			
01/30/02	7599360	OMIRTAZAPINE15MG TAB	24.30	24.30	
_		QUANTITY OF 3			
01/30/02	6530500)5PT	29.00	29.00	





Patient's Name

Account Number

LA 70739-3530

Admission Date Discharge Date

Date 03/05/02

DEARIE, DENNIS M

016838070-2022 I 01/22/02

03/02/02

PHONE 225/765-8872

F. SECTION AND PROCESS OF THE SECTION OF A CONTROL OF A C

BUSINESS OFFICE (EL)

BILL TO

DENNIS M DEARIE 15431 RED MAPLE PL GREENWEL SPGS •

FEDERAL I.D. 72-0423651

Hospital Has Private Rooms Only

INFORTACIO PLEASE VETACHENTO FURBORES, COMPUTAR SUR SUR

COMPENSATION

C07

STATEMENT WITH MEAN LIANCE TO RESIDENCE TO RECEIVE ALLON

Patient's Name DEARIE, DENNI		REN TRUCK	Bill Date Page No.	ACCORDING TO	N IS COMPUTED THE INFORMATION
·	5 M	16838070-2022	03/05/02 11	SUPPLIED BY YOUR II	SURANCE CARRIER
POSTING DATE REF NBR	DESCRIPTION		TOTAL AMOUNT	INSURANCE	PATIENT
01/30/02753032		MG TABLET UD	11.40	PORTION 11.40	PORTION
, ,	QUANTI			22.10	
01/30/02753484			2.00	2.00	
	QUANTI		2,00		
01/30/02757800	27VENALFAXIME		30.40	30.40	•
	QUANTI	TY OF 4			
01/30/02757804	90TRILEPTAL 30	OMG TABLET UD	6.60	6.60	•
01/30/02759803			2.40	2.40	
01/30/02759809			5.00	5.00	
01/30/02759915			7.20	7.20	
	QUANTI				
01/30/02759915			AB 4.20	4.20	
04 /00 /00#5000	QUANTI		•		
01/30/02759995			3.90	3.90	
01/31/02320000		0560		390.00	
01/31/02751266	56HYDROMORPHO	NE 4MG/1ML AMP	10.60	10.60	
01/31/02752697				8.50	
01/31/02757801			301.40	301.40	
01 /21 /0275002/	ITHAUQ	TY OF 2			
01/31/02759934			ML 80.00	80.00	
01/31/02759936	QUANTI SULTUAR AUGUMON		04.00	04.00	
01/31/02/3993(QUANTI QUANTI		24.30	24.30	
01/31/02400016			ML 2.35	2.35	
01/31/02400194	SOLUSET BLOO	DOWN BEOOL 300	26.00	26.00	
01/31/02653050	05PT	D FOME	29.00	29.00	
01/31/02753032		MG TABLET ID	11.40	11.40	
,,	QUANTI		11.40	11.40	
01/31/02753484			2.00	2.00	
	QUANTI				
01/31/02757800			30.40	30.40	
	QUANTI	TY OF 4			
01/31/02757804	90TRILEPTAL 30	OMG TABLET UD	6.60	6 [.] .60	





Petient's Name

Account Number

Date 01/22/02

Discharge Date

Billing Date

DEARIE, DENNIS M

016838070-2022 I

03/02/02

03/05/02

PORREACHOUGHA DRIFTED AND THE MODERNING FAUCODA DAM TWEET OF THE CONTROL OF THE C

FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

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BILL TO

DENNIS M DEARIE 15431 RED MAPLE PL GREENWEL SPGS

LA 70739-3530

FEDERAL I.D. 72-0423651

Hospital Has Private Rooms Only

1897-1977/5071 PLEAR DATE OF THE PART OF T

COMPENSATION

C07

Patient's Name DEARIE ,	DENNIS	M 016	NBR 838070-2022	Date Page No. 12	INSURANCE PORTIO ACCORDING TO T SUPPLIED BY YOUR IN	HE INFORMATION
POSTING DATE	REF NBR	DESCRIPTION		TOTAL 4440111/T	INSURANCE	PATIENT
		9WARFARIN SODIU	M EMC TIND ITTO	TOTAL AMOUNT 4.80	PORTION 4.80	PORTION
01/31/02	700001	QUANTITY		4.00	4.60	
01/31/02	7598093	OTEMAZEPAM 30MG		5.00	5.00	
		4LISINOPRIL10M		7.20	7.20	
01/31/02	7000100	QUANTITY		7.20	7.20	•
01/31/02	7599159	7POTASSIUMCHLO		AB 4.20	4.20	
01/31/02	,,,,,,,,,	QUANTITY		AD 4.20	4.20	
01/31/02	7599957	4TIZANIDINE 4MG		3.90	3.90	
		2PRIVATE	0560		390.00	
		7HYDROMORPHONE		10.00	10.00	
		6HYDROMORPHONE		31.80	31.80	
02/01/02	7512555	QUANTITY		. 31.00	31.00	
02/01/02	7526975	3PROMETHAZINE2		MP 17.00	17.00	
02/01/02	7020070	QUANTITY	·	MP 17.00	. 17.00	
02/01/02	7578016	9LOVENOX 80 MG	_	301.40	301.40	
02,01,02	707010	QUANTITY		301.40	301.40	
02/01/02	7599248	7FENTANYL 75MCG		EA 385.20	385.20	
,,		QUANTITY		<u> </u>	505.20	
02/01/02	7599342	2HYDROMORPHONE		ML 40.00	40.00	
,,		OUANTITY		10.00	10.00	
02/01/02	7599360	OMIRTAZAPINE 15		24.30	24.30	
, - - ,		QUANTITY		21.50	21.50	
02/01/02	6500545	6COMPREHENSIVE		NE 131.00	131.00	
		5CBC WITH AUTO		48.25	48.25	
02/01/02			_	29.00	29.00	
02/01/02	6530550	OSED RATE		23.75	23.75	
02/01/02	6560045	4CRP		47.50	47.50	
02/01/02	7530326	7CLONAZEPAM1MG	TABLET UD	11.40	11.40	
		QUANTITY				
02/01/02	7534840	9LEVSIN 0.125MG	TAB	2.00	2.00	
		QUANTITY				
02/01/02	7578002	7VENALFAXIMEXR	75MG CAP UD	60.80	60.80	
		QUANTITY	OF 8			





Patient's Name

DEARIE, DENNIS M

Account Number

016838070-2022 I

Date 01/22/02

Discharge Date 03/02/02 03/05/02

FIGURES AND CONTRACTOR OF THE STATE OF THE S

FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

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BILL TO

DENNIS M DEARIE 15431 RED MAPLE PL GREENWEL SPGS

LA 70739-3530

FEDERAL I.D. 72-0423651

Hospital Has Private Rooms Only

TRANSPRACTO PLEASE METACHEMAN OF HARMAN CONFORMAL (AT AR STATEMENT WITH MOUNTAINS FLANCE TO ARROW MODEL OF

COMPENSATION

C07

Patient's Name DEARIE, DENNIS M	Account NBR 916838070-2022	Bid Date Page No. 13	INSURANCE PORTION ACCORDING TO TO SUPPLIED BY YOUR INS	HE INFORMATION
POSTING			INSURANCE	PATIENT
DATE REF NBR DESCRIPT	•	TOTAL AMOUNT	PORTION	PORTION
02/01/0275780490TRILEP		6.60	6.60	
02/01/0275980314WARFAR		3.70	3.70	
02/01/0275980732BACLOF		7.80	7.80	
	UANTITY OF 3			•
02/01/0275980930TEMAZE		5.00	5.00	
02/01/0275991584LISINO		10.80	10.80	
_	UANTITY OF 3			
02/01/0275991597POTASS		AB 6.30	6.30	
	CUANTITY OF 3			
02/01/0275999574TIZANI	DINE 4MG TAB	7.80	7.80	
	UANTITY OF 2			
02/02/0232000002PRIVAT		01 390.00	390.00	
02/02/0275126656HYDROM	ORPHONE 4MG/1ML AMP	31.80	31.80	
. Ω	UANTITY OF 3			
02/02/0275269753PROMET	HAZINE 25MG/ML 1ML A	MP 17.00	17.00	
·	UANTITY OF 2			
02/02/0275780169LOVENO	X80 MG PFS	301.40	301.40	
	UANTITY OF 2	_		
02/02/0275993600MIRTAZ		24.30	24.30	
·	QUANTITY OF 3			
02/02/0265305005PT	•	29.00	29.00	
02/02/0275303267CLONAZ	EPAM1MG TABLET UD	11.40	11.40	
	QUANTITY OF 2			
02/02/0275348409LEVSIN	=	2.00	2.00	
	QUANTITY OF 2			
02/02/0275780027VENALF	=	30.40	30.40	
•	QUANTITY OF 4		551.15	
02/02/0275780490TRILEP	-	6.60	6.60	
02/02/0275980732BACLOF		7.80	7.80	
	QUANTITY OF 3		. 7.00	
02/02/0275980930TEMAZE		5.00	5.00	
02/02/0275991584LISINO		7.20	7.20	
	QUANTITY OF 2	7,20	7.20	
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Patient's Name

DEARIE, DENNIS M

Account Number

Date

Discharge Date Billing Date

016838070-2022 I 01/22/02

03/02/02

03/05/02

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FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

PHONE 225/765-8872

BILL TO

DENNIS M DEARIE 15431 RED MAPLE PL

GREENWEL SPGS

LA 70739-3530

FEDERAL I.D. 72-0423651

Hospital Has Private Rooms Only

1896 (1904) TO PUBACO METAGRANCO CONTRACE CONTRA

COMPENSATION

C07

Patient's Name DEARIE, DENNIS	M 016838070-2	.022   03/05/02	Page No. INSURANCE ACCORDING SUPPLIED BY	
POSTING	DECORPTION		INSURANC	
DATE REF NBR	DESCRIPTION		MOUNT PORTION	PORTION
02/02/02/599159	7POTASSIUMCHLORIDE 20M		4.20 4	. 20
00/00/007500057	QUANTITY OF 2		14 70 11	70
02/02/02/59995/	4TIZANIDINE 4MG TAB		11.70 11	. 70
00/00/0000000	QUANTITY OF 3			,
02/03/023200000				0.00
02/03/027512665	6HYDROMORPHONE 4MG/1ML		84.80 84	.80
/ /	QUANTITY OF 8			
02/03/027526975	3PROMETHAZINE25MG/ML 1		42.50 42	2.50
	QUANTITY OF 5			
02/03/027578016	9LOVENOX 80 MG PFS		01.40 301	40
	QUANTITY OF 2			
	7FENTANYL 75MCG/HR PATC	H 1 EA 1	92.60 192	2.60
02/03/027599360	OMIRTAZAPINE 15MG TAB		24.30 24	. 30
	QUANTITY OF 3		•	
02/03/026530500	5PT		29.00 29	0.00
02/03/027530326	7CLONAZEPAM1MG TABLET	UD :	11.40 11	40
	QUANTITY OF 2			
02/03/027534840	9LEVSIN 0.125MG TAB		2.00 2	2.00
	QUANTITY OF 2			
02/03/027578002	7VENALFAXIMEXR 75MG CA	P UD	30.40 30	0.40
	QUANTITY OF 4	•	•	
02/03/027578049	OTRILEPTAL 300MG TABLET	מטי	6.60 6	5.60
	4WARFARIN SOD 10MG TAB			3.70
	2BACLOFEN 10MG TAB UD			7.80
• •	QUANTITY OF 3	}		
02/03/027599158	4LISINOPRIL 10MG TABLE		7.20 . 7	7.20
<b>,</b> ,	QUANTITY OF 2			
02/03/027599159	7POTASSIUMCHLORIDE 20N		4.20 4	. 20
,,	QUANTITY OF 2		3.20	20
02/03/027599957	4TIZANIDINE 4MG TAB	•	11.70 11	L.70
,,,,	QUANTITY OF		±=- / V	
02/04/023200000			90.00 390	0.00
,,				, • <del></del>



HOSPITAL VICES

Patient's Name

Account Number

Date

Discharge Date

Blilling Date

DEARIE, DENNIS M

016838070-2022 I

2/02 0

03/02/02 03/05/02

REPORTED IN 1999 FOR A SERVICE AND RECORD FOR A SERVICE AND A SERVICE AN

FOR BILLING INFORMATION CALL BY

BUSINESS OFFICE (EL)

PHONE 225/765-8872

**BILL TO** 

DENNIS M DEARIE 15431 RED MAPLE PL GREENWEL SPGS

LA 70739-3530

FEDERAL I.D. 72-0423651

Hospital Has Private Rooms Only

TERM SPECIAL PLEASE INTRODUCTOR BUNGS, GRANISH SELECTION OF A SELE

COMPENSATION

C07

Patient's Name DEARIE, DENNIS M	Account NBR 016838070-2022	Biff Date	INSURANCE PORTIO ACCORDING TO T SUPPLIED BY YOUR IN	HE INFORMATION
POSTING	011	:	INSURANCE	PATIENT
DATE REF NBA DESCRIPTI	•	TOTAL AMOUNT	PORTION	PORTION
02/04/0275126656HYDROM		53.00	53.00	
	UANTITY OF 5	17.00	17.00	
02/04/0275269753PROMETI		MP 17.00	17.00	
02/04/0275780169LOVENO	UANTITY OF 2	201 40	201 40	•
		301.40	301.40	
	UANTITY OF 2	T3 100 C0	100 60	
02/04/0275992487FENTAN			192.60	
02/04/0275993600MIRTAZ		24.30	24.30	
	UANTITY OF 3	5 20	F 20	
02/04/0240001597SET, IV			5.30	
02/04/0240002344INSYTE		3.35	3.35	
02/04/0240003790IV STAR		5.05	5.05	
02/04/0240061842ADAPTE	R, CLAVE MALE LL	7.65	7.65	•
02/04/0265305005PT		29.00	29.00	
02/04/0265305500SED RAT	E	23.75	23.75	
02/04/0265600454CRP		47.50	47.50	
02/04/0275303267CLONAZ		17.10	17.10	
~	UANTITY OF 3			
02/04/0275348409LEVSIN		2.00	200	
-	UANTITY OF 2			
02/04/0275780027VENALF		30.40	30.40	
•	UANTITY OF 4			
02/04/0275780490TRILEP		6.60	6.60	
02/04/0275980314WARFAR		3.70	3.70	
02/04/0275980732BACLOF		10.40	10.40	
	UANTITY OF 4	_		
02/04/0275991584LISINO		7.20	7.20	
	UANTITY OF 2	_		
02/04/0275991597POTASS	the state of the s	TAB 4.20	4.20	
	UANTITY OF 2			
02/04/0275999574TIZANI	,	11.70	1170	
	UANTITY OF 3			
02/05/0232000002PRIVAT	E 056	601 390.00	390.00	



HOSPITAL S

DEARIE, DENNIS M

Account Number

016838070-2022 I

01/22/02

03/05/02 03/02/02

FOR BILLING INFORMATION CALL BUSINESS OFFICE (EL)

PHONE 225/765-8872

**BILL TO** 

DENNIS M DEARIE 15431 RED MAPLE PL

GREENWEL SPGS

LA 70739-3530

FEDERAL I.D. 72-0423651

Hospital Has Private Rooms Only

1896 SPRANTS PLEASE NETACH AND SHEETING IN THE REPORTED LATERS STATEBOOK WITH YOUR HOM HANGE TO ADEATH. REGISTED IN LESS

COMPENSATION

C07

Patient's Name	-		Account NBR		Bil Date Page No.		TION IS COMPUTED THE INFORMATION
DEARIE,	DENNIS	M	<b>þ1683807</b> 0	7-2022	03/05/02 16	SUPPLIED BY YOU	R INSURANCE CARRIER
POSTING		•				INSURANCE	PATIENT
	REF NBR	DESCRIPTION			TOTAL AMOUNT	PORTION	PORTION
02/05/02	7512665	6HYDROMORPH	ONE 4MG/1N	IL AMP	84.80	84.80	
			TITY OF	8			
02/05/02	7526975	3PROMETHAZI	NE25MG/MI	IML A	MP 17.00	17.00	
		QUAN'	CITY OF	2			
02/05/02	7578016	9LOVENOX 80	MG PFS		301.40	301.40	,
		QUAN	TITY OF	2			
02/05/02	7599342	2HYDROMORPH	ONE 1MG AM	IPUL 1	ML 10.00	10.00	l
		OMIRTAZAPIN			24.30		
		QUAN'	TITY OF	3			
02/05/02	26530500	5PT			29.00	29.00	
02/05/02	27530326	7CLONAZEPAM	IMG TABLE	T UD	11.40		1
			TITY OF	2			
02/05/02	7534840	9LEVSINO.12		_	2.00	2.00	1
			TITY OF	2			
02/05/02	7578002	7VENALFAXIM			30.40	30.40	1
			TITY OF	4			
02/05/02	27578049	OTRILEPTAL			6.60	6.60	1
		4WARFARINS			3.70		
		2BACLOFEN 1			10.40		
• •			TITY OF	4			•
02/05/02	27598093	OTEMAZEPAM			5.00	5.00	1
		4LISINOPRII			7.20		
			CITY OF	2	7.29	, ,	•
02/05/02	27599159	7POTASSIUM			AB 4.20	4.20	1
			CITY OF	2	1.20	4.20	,
02/05/02	27599957	4TIZANIDINE		_	11.70	11.70	)
,,			CITY OF	3	****		•
02/06/02	23200000	2PRIVATE		0566	390.00	390.00	1
		7HYDROMORPH	ONE 2MG/1N		100.00		
,,	<b></b>		CITY OF	10		. 100.00	
02/06/02	27512665	6HYDROMORPH			31.80	31.80	)
,,			CITY OF	3	31.00	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•
		Z, 70 II.		_			



HOSPITAL VICES

Petient's Name

DEARIE, DENNIS M

Account Number

016838070-2022 I.

Date 01 /22 /02 Discharge Date 03/02/02 Billing Date

POLICE TO BE AND ACCOUNT AT MISSING ON ALL ACCOUNTS AND CONTRACIONABLE FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

PHONE 225/765-8872

BILL TO

DENNIS M DEARIE 15431 RED MAPLE PL GREENWEL SPGS

LA 70739-3530

FEDERAL I.D. 72-0423651

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THE CONTROL OF THE PROPERTY OF

COMPENSATION

C07

Patient's Name DEARIE, DENNIS M	Account NBR 016838070-2022	Bill Date   Page No.   03/05/02   1.7	INSURANCE PORTI ACCORDING TO SUPPLIED BY YOUR	ON IS COMPUTED THE INFORMATION NSURANCE CARRIER
POSTING DATE REF NBR DESCRIP	T-101.		INSURANCE	PATIENT
	• •	TOTAL AMOUNT	PORTION	PORTION
02/06/0275269753PROME	THAZINE 25MG/ML 1ML AN QUANTITY OF 2	IP 17.00	17.00	
02/06/0275780169LOVEN		301.40	301.40	
	QUANTITY OF 2			
02/06/0275992487FENTAI	NYL 75MCG/HR PATCH 1 H	EA 192.60	192.60	•
02/06/0275993422HYDRO	MORPHONE 1 MG AMPUL 1 M	<b>1L</b> 30.00	30.00	
	QUANTITY OF 3			
02/06/0275993600MIRTA	ZAPINE15MG TAB	24.30	24.30	
	QUANTITY OF 3			
02/06/0265305005PT		29.00	29.00	
02/06/0265305500SED RA	TE	. 23. 75	23.75	
02/06/0265600454CRP		47.50	47.50	
02/06/0275303267CLONA		11.40	1140	
•	QUANTITY OF 2			
02/06/0275348409LEVSI		200	2.00	
	QUANTITY OF 2	•		
02/06/0275780027VENAL		30.40	30.40	
	QUANTITY OF 4			
02/06/0275780490TRILE		6.60	6°. 60	
02/06/0275980314WARFAI		3.70	3.70	
02/06/0275980732BACLO		15.60	15.60	•
	QUANTITY OF 6			
02/06/0275980893PROME	THAZINE 25MG TAB UD	100	1.00	
02/06/0275980930TEMAZ	EPAM 30MG CAP UD	5.00	5.00	
02/06/0275991584LISIN		7.20	7.20	
	QUANTITY OF 2	• •		
02/06/0275991597POTAS		AB 4.20	4.20	
00,100,100,000,000	QUANTITY OF 2			
02/06/0275999574TIZAN				
	QUANTITY OF 3			
02/07/0232000002PRIVA			390.00	
02/07/0275126607HYDRO		60.00	60.00	
	QUANTITY OF 6			





DEARIE, DENNIS M

Account Number

016838070-2022 I

01/22/02

Discharge Date

Billing Date

03/02/02 03/05/02

FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

PHONE 225/765-8872

BILL TO -

DENNIS M DEARIE 15431 RED MAPLE PL GREENWEL SPGS

LA 70739-3530

FEDERAL I.D. 72-0423651

Hospital Has Private Rooms Only

TRANSPORTO PLEASE PETACHIANT OF BANGAR, CARPOTRANGET OR STATEMENT WITH YOUR HOM HANGE TO RESIDE FROM IT URLES

COMPENSATION

C07

Patient's Name DEARIE ,	DENNIS		Account NBR 916838070-	2022	Bid Date 03/05/	02   Page No.	ACCORDING		NFORMATION
POSTING DATE	REF NBR	. DECODIBEION				<u> </u>	INSURANCE		TIENT
		DESCRIPTION	NT 4140 /114		10	TAL AMOUNT	PORTION		DRTION
02/07/02	13120036	HYDROMORPHO	•			31.80	31.	80	
00/05/00		QUANT		3					
02/07/02	75269753	PROMETHAZIN	•		MP	25.50	25.	50	
		QUANT		3					
02/07/02	75780169	PLOAENOX 80 P				301.40	301.	40	
		QUANT		2					
		BHEPARIN 2500				42.50	42.	50	
02/07/02	75992487	FENTANYL 751	icg/hr pat	CH 1	EA	192.60	192.	60	
02/07/02	75993422	PHYDROMORPHO	NE1MG AMP	UL 1	ML	30.00	30.	.00	
		QUANT	TY OF	3					
02/07/02	75993600	MIRTAZAPINE	15MG TAB			24.30	24.	.30	
		QUANT	TY OF	3					
02/07/02	40019459	OIV SET, PRIN	ARY W/O F	ILTER		10.00	10.	.00	
02/07/02			•			43.00	43.		
02/07/02	6530110	CBC WITH AUT	O DIFF			48.25	48.		
02/07/02						33.00	33.		
02/07/02						58.00	58		
		QUANT:	TY OF	2		00.00		. • •	
02/07/02	263215154	NM-INDIUMWE		_		530.00	530	00	
		NM-IN-111 L		500110	т	687.00	687		
		CLONAZEPAM 1			*	11.40	11		
02,01,02	.,050520	QUANT		2		11.40	11	. 40	
02/07/02	7534840	PLEVSIN 0.12		_		2.00	2	.00	
02/01/02	.,054040.	OUANT		2		2.00	. 2	. 00	
02/07/02	7578002	VENALFAXIME				30.40	30	40	
02/01/02	.7370002	QUANT		4		30.40	30	. 40	
02/07/02	75790400	OTRILEPTAL 3		-		6 60	•	60	
		BWARFARIN SOI				6.60		. 60	
				TAB	עט	3.60		. 60	
02/01/02	. 73980 /32	2BACLOFEN 101			••	15.60	15	. 60	
00/07/00	7500000			6	•	<b>.</b>	_		
		OTEMAZEPAM 3				5.00		. 00	
02/07/02	(1099128	4LISINOPRIL:			•	7.20	7	. 20	
		QUANT	ITY OF	2					



HOSPITAL VICES

Patient's Name

Account Number

Date ....

Date

Date 12/05/02

016838070-2022 I 01/22/02

03/02/02

FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

PHONE 225/765-8872

**BILL TO** 

DEARIE, DENNIS M

DENNIS M DEARIE 15431 RED MAPLE PL GREENWEL SPGS LA 70739-3530

FEDERAL I.D. 72-0423651

Hospital Has Private Rooms Only

1897-1973/1975 PLEAST DETACHANT OF HIS HELD GO FORDER (ALT LA START STAR

COMPENSATION

C07

Patient's Name DEARIE, DENNIS M	Account NBR 016838070-2022	Bid Date   Page No.   19	INSURANCE PORTION ACCORDING TO TO SUPPLIED BY YOUR IN	HE INFORMATION
POSTING DATE REF NBR DESCRIPTION		TOTAL ALAOUNT	INSURANCE	PATIENT
02/07/0275991597POTASSIUM	TUI ODIDE COMO M	TOTAL AMOUNT	PORTION	PORTION
	FITY OF 2	AB 4.20	4 20	
02/07/0275999574TIZANIDINE	<del>-</del>	11.70	11.70	
	TITY OF 3	22.70	22.70	
02/08/0232000002PRIVATE	0566	01 390.00	390.00	•
02/08/0275126607HYDROMORPH	IONE 2MG/1ML AMP	40.00	40.00	
	FITY OF 4			
02/08/0275126656HYDROMORPH		127.20	127.20	
	TITY OF 12			
02/08/0275269753PROMETHAZI			8.50	
02/08/0275780169LOVENOX80		150.70	150.70	
02/08/0275991228HEPARIN 250			42.50	
02/08/0275993422HYDROMORPH		ML 10.00	10.00	
02/08/0275993600MIRTAZAPI1	IE15MG TAB	24.30	24.30	
	TITY OF 3			
02/08/0284100015IV-START/I		32.00	32.00	
02/08/0240000048DRESSING,	regaderm 2.38x2.	75 3.45	3.45	
	TITY OF 3			
02/08/0240001597SET, IV EX		10.60	10.60	
	TITY OF 2	the re-		
02/08/0240002344INSYTE NEE	DLE 22G X 1"	10.05	10.05	
	TITY OF 3			
02/08/0240003790IV START K	IT	10.10	10.10	
	TITY OF 2	•		
02/08/0240061842ADAPTER, C		7.65	7.65	
02/08/0240061843PORT, NEEDI	LELESSVALVE W/T-	CO 9.65	9.65	
02/08/0252009621IV PUMP		43.00	43.00	
02/08/0265303901PTT		99.00	99.00	
	TITY OF -3	te de la companya de	سستاست بالمادة والأراد	
02/08/0265304800PLATELET C	TNUC	36.25	36.25	
02/08/0265305005PT	ļ	29.00	29.00	
02/08/0263215154NM-INDIUM	į ,			



#### BATON ROUGE NIC, AMC P. O. BOX 64887 BATON ROUGE, LA 70896-4887

MAIN CLINIC: (225) 769-4044

BUSINESS OFFICE: (225) 246-9304 FEDERAL TAX ID # 72-1111417

#### ADDRESSEE:

Mastercard Mastercard	DISCOVER, VISA OR A CHECK CARD USED FOR DISCOVER	PAYMENT  VISA  AMERICAN EXPRESS
CARD NUMBER		AMOUNT
IGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOU	JNT ACCT. #
02/04/02	922.2	1 1867539
PAGE: 1		AMOUNT S

REMIT TO:

Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

ATEMEN I PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

IF THE BATON ROUGE CLINIC, AMC, IS DIRECTLY CONTRACTED WITH YOUR INSURANCE COMPANY, WE HAVE FILED CLAIMS TO THEM ON YOUR BEHALF. HOWEVER, PLEASE NOTE THAT REGARDLESS OF INSURANCE, YOU ARE ULTIMATELY RESPONSIBLE FOR THE ACTIVITY AND BALANCE DUE ON THIS ACCOUNT. SEE REVERSE SIDE FOR MORE INFORMATION, OR CALL THE CLINIC AT THE ABOVE PHONE NUMBER. * INDICATES INSURANCE HAS BEEN FILED.

ICD9	DATE	DR	PATIENT	NAME	P O S	- 2 5	CPT4		SERVICE R	ENDERED		AMOUNT
724.2	012102	110	DENNIS		3		00212	EGELD D				
	OILIOL						RICHARD TO	FOLVE 5	TOV,	EXP PBLM	FOC	59.00
453.8	012402	110	DENNIS	r my .	1	, 1	99232		HOCD WIT	CIM I BUDI		: ** · · · · · · · · · · · · · · · · · ·
	012402			Phy:	COOLEY	, 1	RICHARD TO	SOBSEQ	HUSP VI	SIT LEVE	. 2	74.00
		Ho	spital:		OUR T.A	DV	OF THE LA	NE VE				
453.8	012502	110	DENNIS		1		99232		HOSD VIT	SIT LEVEI		
						7. 1	RICHARD TO	מטי	MOSE VI	SII LEVEI		74.00
		Но	spital:	2	OUR LA	DY.	OF THE LA	KE				
453.8	012802	110	DENNIS		1		99232		HOSP VI	SIT LEVE	. 🤈	
		Re	ferring	Phy:	COOLEY	. I	RICHARD TO	DD		OII DDVDI		74.00
		НО	spital:	-	OUR LA	ХĎУ	OF THE LA 99232	KE				
453.8	012602	110	DENNIS	-	1		99232	SUBSEO	HOSP VI	SIT LEVEI	. 2	74.00
401.9	012702	110	DENNIS		1		99232	SUBSEO	HOSP VI	SIT LEVE	2	
•		Re	ferring	Phy:	COOLE	, I	RICHARD TO	DD				74.00
		HO	spital:	-	OUR LA	ZDY	OF THE LA	KE				
453.8	012902						99232	SUBSEQ	HOSP VI	SIT LEVE	2	74.00
		Re	ferring	Phy:	COOLE	(, I	RICHARD TO	DD				74.00
006 60	010500	НО	spital:		OUR LA	ADA	OF THE LA					
996.62	012502						36535	REMOVE	IMP VA	PORT		370.00
		ке	ferring	Pny:	AZMEH,	W2	AREF					370.00
152 Q	012002	110	sprcar:		OUR LA	ADY	OF THE LA 99231	KE			_	
477.0	013002								HOSP VI	SIT LEVE	1 د	49.00
	14.4	ке	rerrrud	Pny:	COOPER	(, E	RICHARD TO	טטי				22,744

Jest

LAST PAY DATE	CLOSING DATE
07/13/00	02/04/02

If "PAY THIS AMOUNT" shows a negative (-) balance, this indicates that your private pay portion has a credit that may or may not be due to you. Do not pay this credit amount.

BATON	ROUGE	CLINIC.	<b>AMC</b>

22.21



BATON ROUGE NIC, AMC P. O. BOX 64887 BATON ROUGE, LA 70896-4887

MAIN CLINIC: (225) 769-4044

BUSINESS OFFICE: (225) 246-9304 FEDERAL TAX ID # 72-1111417

#### ADDRESSEE:

MASTERCARD MASTERCARD	HECK CARD	USED FOR PAYMENT	ë ·	AMERICAN EXPRESS
CARD NUMBER			AMOUNT	
HGNATURE	•		EXP. DATE	
STATEMENT DATE	PAY TH	IS AMOUNT	l	ACCT. #
02/04/02	922.21		1867539	
PAGE: 2	1.73	SHOW AMOUN'	۲\$	

**REMIT TO:** 

	Please check box if address is incorrect or insurance
_	information has changed, and indicate change(s) on reverse side.

#### STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

IF THE BATON ROUGE CLINIC, AMC, IS DIRECTLY CONTRACTED WITH YOUR INSURANCE COMPANY, WE HAVE FILED CLAIMS TO THEM ON YOUR BEHALF. HOWEVER, PLEASE NOTE THAT REGARDLESS OF INSURANCE, YOU ARE ULTIMATELY RESPONSIBLE FOR THE ACTIVITY AND BALANCE DUE ON THIS ACCOUNT. SEE REVERSE SIDE FOR MORE INFORMATION, OR CALL THE CLINIC AT THE ABOVE PHONE NUMBER. * INDICATES INSURANCE HAS BEEN FILED.

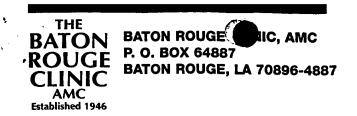
CD9	DATE	DR	PATIENT NAME	P O S	N S	СРТ4	SERVICE RENDERED	AMOUNT
		Но	spital:	OUR L. PRI	ADY VATE	OF THE LA	AKE Balance Due -922.21	
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	(**)		CE HAS BEEN F	wysy' sau				

LAST PAY DATE	CLOSING DATE
07/13/00	02/04/02

If "PAY THIS AMOUNT" shows a negative (-) balance, this indicates that your private pay portion has a credit that may or may not be due to you. Do not pay this credit amount.

**BATON ROUGE CLINIC, AMC** 

ACCOUNT 922.21



MAIN CLINIC: (225) 769-4044 BUSINESS OFFICE: (225) 246-9304 FEDERAL TAX ID # 72-1111417

#### ADDRESSEE:

	DISCOVER, VISA OR AMERIC. CHECK CARD USED FOR PAYMENTS.  SCOVER  VISA  VISA	AN EXPRESS, FILL OUT BELOW
CARD NUMBER		AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
03/04/02	2197.21	1867539
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**REMIT TO:** 

٦	Please check box if address is incorrect or insurance
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STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

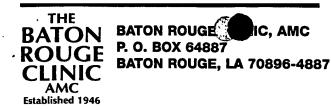
IF THE BATON ROUGE CLINIC, AMC, IS DIRECTLY CONTRACTED WITH YOUR INSURANCE COMPANY, WE HAVE FILED CLAIMS TO THEM ON YOUR BEHALF. HOWEVER, PLEASE NOTE THAT REGARDLESS OF INSURANCE, YOU ARE ULTIMATELY RESPONSIBLE FOR THE ACTIVITY AND BALANCE DUE ON THIS ACCOUNT. SEE REVERSE SIDE FOR MORE INFORMATION, OR CALL THE CLINIC AT THE ABOVE BUSINESS OFFICE PHONE NUMBER. * INDICATES INSURANCE HAS BEEN FILED.

ACCOUNT	'NO. 18	6753	9										•	
ICD9	DATE	DR	PATIENT	NAME	P O S	- NS	CPT4		SERVIC	E RENDE	RED			AMOUNT
453.8	013102	Re	ferring	Phy:	COOLE	Y, 1	99231 RICHARD TO	DDD	HOSP	VISIT	LEVEL	1		49.00
453.8	020102	110 Re	DENNIS ferring	Phy:	1 COOLE	Y, 1	OF THE LA 99231 RICHARD TO	SUBSEQ ODD	HOSP	VISIT	LEVEL	1	* *	49.00
453.8	020202	052 Re	DENNIS ferring	Phy:	1 BRAND	г, н	AROLD	SUBSEQ	HOSP	VISIT	LEVEL	2		74.00
453.8	020302	052 Re	DENNIS ferring	Phy:	1 BRAND	Г,Н.	AROLD	SUBSEQ	HOSP	VISIT	LEVEL	2		74.00
453.8	020402	110 Re	DENNIS eferring	Phy:	1 COOLE	Υ,	OF THE LA 99231 RICHARD TO	SUBSEQ ODD	HOSP	VISIT	LEVEL	1		49.00
453.8	020502	Ho 110 Re	spital: DENNIS ferring	Phy:	OUR L 1 COOLE	ADY Y,	OF THE LA 99231 RICHARD TO	AKE SUBSEQ ODD	HOSP	VISIT	LEVEL	ľ		49.00
453.8	020602	110 R∈	DENNIS eferring	Phy:	1 COOLE	Υ,	OF THE LA 99231 RICHARD TO	SUBSEQ ODD	HOSP	VISIT	LEVEL	1		49.00
453.8	020702	110	DENNIS		.1		OF THE L 99231 RICHARD TO	SUBSEQ	HOSP	VISIT	LEVEL	1		49.00
INDICA	TES INSU	RAN	CE HAS E	BEEN F	ILED		. ·		ء					

LAST PAY DATE	CLOSING DATE
07/13/00	03/04/02

If "PAY THIS AMOUNT" shows a negative (-) balance, this indicates that your private pay portion has a credit that may or may not be due to you. Do not pay this credit amount.

**BATON ROUGE CLINIC, AMC** 



MAIN CLINIC: (225) 769-4044

Please check box if address is incorrect or insurance

information has changed, and indicate change(s) on reverse side.

BUSINESS OFFICE: (225) 246-9304 FEDERAL TAX ID # 72-1111417

#### ADDRESSEE:

MASTERCARD MASTERCARD	CHECK CARD USED FOR PAYMENT CARD USED	T AMERICAN EXPRES
CARD NUMBER	And the second second	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
03/04/02	2197.21	1867539
PAGE: 2	SHOW AMOUN PAID HERE	т <b>\$</b>

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PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

IF THE BATON ROUGE CLINIC, AMC, IS DIRECTLY CONTRACTED WITH YOUR INSURANCE COMPANY, WE HAVE FILED CLAIMS TO THEM ON YOUR BEHALF. HOWEVER, PLEASE NOTE THAT REGARDLESS OF INSURANCE, YOU ARE ULTIMATELY RESPONSIBLE FOR THE ACTIVITY AND BALANCE DUE ON THIS ACCOUNT. SEE REVERSE SIDE FOR MORE INFORMATION, OR CALL THE CLINIC AT THE ABOVE BUSINESS OFFICE PHONE NUMBER. * INDICATES INSURANCE HAS BEEN FILED.

ACCOUNT	NO. 18	36753	9		<u></u>				
ICD9	DATE	DR	PATIENT NAME	P 0 8	I N S	CPT4		SERVICE RENDERED	AMOUNT
		ш.	spital:	OUB	T N D V	OF MUE T	AVE		
453.8	020802		DENNIS	1	LADI			HOSP VISIT LEVEL 1	
.55.0	020002		ferring Phy:	_	EY. R	TCHARD T	ODD		49.00
		Но	spital:	OUR	LADY	OF THE L	AKE		Name and Additional
453.8	020902	064	DENNIS	1		99231	SUBSEQ	HOSP VISIT LEVEL 1	49 00
		Re	ferring Phy:	HECK	ER,RC	GER	_		
		Но	spital:	OUR	LADY	OF THE L			
453.8	021202		DENNIS			99231	SUBSEQ.	HOSP VISIT LEVEL 1	49.00
		Re	ferring Phy:	COOL	EY, F	RICHARD T	ODD		
453.8	021202	110	spital: DENNIS	OUR	LADY		AKE		
400.0	021302		ferring Phy:		.FV E	99231	OBSEÓ	HOSP VISIT LEVEL 1	49.00
		· Ho	spital:	OILE	T.ADV	OF THE L	AKE 🖦		
453.8	021402	110	spital: DENNIS	1		99231	SUBSEO	HOSP VISIT LEVEL 1	40.00
	2.4	Re	ferring Phy:	COOL	EY, F	RICHARD T	ODD		49.00
		***		OUR	LADY	OF THE L	AKE		
453.8	021502		DENNIS	1		99231		HOSP VISIT LEVEL 1	49.00
	• .	Re	ferring Phy:	COOL	LEY, F	RICHARD I	ODD		A SA
452.0	021702	HC	spital:	OUR	LADY	OF THE I	AKE		•
453.8	021/02		DENNIS		ner.	99231	SUBSEQ	HOSP VISIT LEVEL 1	49.00
	4.5	. He	eferring Phy: ospital:	ALVA	TADV	FKANK	AKE:		*
453.8			DENNIS	) 1	ו טאנו	99231	TOURSEO	HOSP VISIT LEVEL 1	
				1,500	77.	ر کی اس میں جن ہوار ماہ ماہ ماہ			49.00
* INDICA		RAN	CE HAS BEEN	cii ch	ر بعه				The sales of the s
INDICA		- MIN	OF HAS BEEN	FILED		1 经商业	AND THE RESERVE OF THE PERSON		erri uzus

LAST PAY DATE	CLOSING DATE
07/13/00	03/04/02

If "PAY THIS AMOUNT" shows a negative (-) balance, this indicates that your private pay portion has a credit that may or may not be due to you. Do not pay this credit amount.

**BATON ROUGE CLINIC, AMC** 

ACCOUNT BALANCE >>>>	2197.21
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#### BATON ROUGE NIC, AMC P. O. BOX 64887 BATON ROUGE, LA 70896-4887

MAIN CLINIC: (225) 769-4044

BUSINESS OFFICE: (225) 246-9304 FEDERAL TAX ID # 72-1111417

#### ADDRESSEE:

CK CARD USED FOR PAYIM	ENT  AMERICAN EXPRESS					
MASTERCARD DISCOVER VISA CARD NUMBER						
	EXP. DATE					
PAY THIS AMOUNT	ACCT. #					
2197.21	1867539					
	PAY THIS AMOUNT					

**REMIT TO:** 

Ilmiliminidiminidiminidiminidiminidi BATON ROUGE CLINIC, AMC P.O. BOX 64887 BATON ROUGE, LA 70896-4887

Please check box if address is incorrect or insurance	STATEMENT
information has changed, and indicate change(s) on reverse side.	

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

IF THE BATON ROUGE CLINIC, AMC, IS DIRECTLY CONTRACTED WITH YOUR INSURANCE COMPANY, WE HAVE FILED CLAIMS TO THEM ON YOUR BEHALF. HOWEVER, PLEASE NOTE THAT REGARDLESS OF INSURANCE, YOU ARE ULTIMATELY RESPONSIBLE FOR THE ACTIVITY AND BALANCE DUE ON THIS ACCOUNT. SEE REVERSE SIDE FOR MORE INFORMATION, OR CALL THE CLINIC AT THE ABOVE BUSINESS OFFICE PHONE NUMBER. * INDICATES INSURANCE HAS BEEN FILED.

ACCOUNT	NO. 18	6753	9								
ICD9	DATE	DR	PATIENT NAME	P 0 S	- N S	СРТ4		SERVICE	RENDERED		AMOUNT
		Po	ferring Phy:	AT 17A1	) F 7	EDANU					
		No.	spital:	VIID I	CEO,	OF MUE IN	1217				40, 40
453.8	021802		DENNIS					HOCD	VISIT LEVEL	1	. 對痛緊急。
455.0	021002	Re	ferring Phy:	COOLI	ev p	77231 77231	SOBSEČ	позг	ATOLI PEAET		49.00
		Ho	spital:	OUR	LADY	OF THE LA	KE.		a di di	i i jud saa gaa ja	
453.8	021902	110	DENNIS	1		99231	SUBSEO	HOSP	VISIT LEVEL	1 7 7 7 1	40.00
			ferring Phy:		EY. R		DD				49.00
		Ho	spital:	OUR 1	LADY	OF THE LA	KE				
453.8	022002	110	DENNIS	1.		99231	SUBSEQ	HOSP	VISIT LEVEL	1	49.00
401.9	022102	110	DENNIS	1		99231	SUBSEQ	HOSP	VISIT LEVEL	1.	≠ 49.00
		Re	ferring Phy:	COOL	EY, R	RICHARD TO	DD		er e		
	.55	Ho	spital:	OUR I	LADY	OF THE LA				وگنترار لسخت در ا مرازی	ta Tilliam (1)
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LAST PAY DATE	CLOSING DATE
07/13/00	03/04/02

If "PAY THIS AMOUNT" shows a negative (-) balance, this indicates that your private pay portion has a credit that may or may not be due to you. Do not pay this credit amount.

**BATON ROUGE CLINIC, AMC** 

ACCOUNT 219	7.21
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# BATON ROUGE IIC, AMC P. O. BOX 64887 BATON ROUGE, LA 70896-4887

MAIN CLINIC: (225) 769-4044

BUSINESS OFFICE: (225) 246-9304 FEDERAL TAX ID # 72-1111417

#### ADDRESSEE:

IF PAYING BY MASTERCARD, DIS	SCOVER, VISA OR AMERICAL JECK CARD USED FOR PAYMENT SCOVER VISA	
CARD NUMBER SIGNATURE	Ame America	AMOUNT  EXP. DATE
		ED- UNIE
STATEMENT DATE	PAY THIS AMOUNT	ACCT.
03/04/02	2197.21	1867539
PAGE: 4	SHOW AMOUNT PAID HERE	^r \$

REMIT TO:

Please check box if address is incorrect or insurance
information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

IF THE BATON ROUGE CLINIC, AMC, IS DIRECTLY CONTRACTED WITH YOUR INSURANCE COMPANY, WE HAVE FILED CLAIMS TO THEM ON YOUR BEHALF. HOWEVER, PLEASE NOTE THAT REGARDLESS OF INSURANCE, YOU ARE ULTIMATELY RESPONSIBLE FOR THE ACTIVITY AND BALANCE DUE ON THIS ACCOUNT. SEE REVERSE SIDE FOR MORE INFORMATION, OR CALL THE CLINIC AT THE ABOVE BUSINESS OFFICE PHONE NUMBER. * INDICATES INSURANCE HAS BEEN FILED.

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If "PAY THIS AMOUNT" shows a negative (-) balance, this indicates that your private pay portion has a credit that may or may not be due to you. Do not pay this credit amount.

**BATON ROUGE CLINIC, AMC** 

ACCOUNT BALANCE >>>>

2197.21